

The Health Perspective
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The Future We Want affirms health as “a precondition for and an outcome and indicator of all three dimensions of sustainable development.”¹ Accordingly, the post-2015 sustainable development framework must not only establish health as an overarching priority, as the Millennium Development Goal (MDG) framework did, but also **ensure that health is integrated across all three dimensions of sustainable development – social, economic, and environmental**. All potential sustainable development goals (SDGs) must protect and promote health and wellbeing for all people of all ages and abilities, and include health-sensitive indicators within proposed goals and targets. Thus, we strongly urge the members of the Open Working Group on Sustainable Development Goals, and all Member States and relevant stakeholders, to consider the recommendations below.

Principles for SDGs

A framework that promotes action to achieve sustainable human development and promotes human health and wellbeing should be based on the following principles:

- Universal, equitable, rights-based, and human security approaches
- A focus on the poorest and most vulnerable and marginalized populations, including women and girls, people living with and affected by HIV, people living with and affected by neglected tropical diseases (NTDs), non-communicable diseases (NCDs), sexual minorities, older people, people with disabilities, and migrants
- Clear and strong accountability mechanisms, with adequate and sustainable financing
- Inclusion of existing and future health issues, including the MDG priorities, and emerging global health challenges such as NCDs, mental health, and new and emerging infectious diseases
- Policies and programs that support health and development throughout the lifecourse, ensuring access to services to minimize the social and economic impact of experiencing a health condition.
- Active and meaningful engagement with non-governmental organizations and civil society
- Promote human rights for all, including sexual and reproductive health and rights, and ensure enabling environments for the protection of human rights

Theme: Sustained and inclusive economic growth, macroeconomic policy questions (including international trade, international financial system and external debt sustainability), infrastructure development and industrialization

- **Inclusive economic growth:** Poverty resulting from uneven economic growth and subsequent inequalities within and between countries is one of the greatest determinants of poor health outcomes. Out-of-pocket expenditures on health care are a major determinant of chronic poverty, undermine the economic stability of households, contribute to diminished overall national economic development, and perpetuate the catastrophic intergenerational cycle of poverty. Balanced, inclusive economic growth that supports the poorest people and households will contribute to poverty eradication and ensure that households and countries alike have adequate resources for health-related expenditures.

Additionally, ensuring individuals maintain their health over their life course brings economic and social returns. Data show healthy individuals study more, are more productive, earn more, save more, invest more, work longer, and incur lower health care costs. One extra year's increase in average healthy life expectancy can raise GDP by 4%.²

- ***Call for the inclusion of policies that ensure the adequate allocation of resources to support the implementation of universal health coverage (UHC) and access, including sexual and reproductive health services, to ensure equity (geographic, financial, social and gender) and improved health outcomes for the poorest income quintile, women, older people, people with disabilities, and vulnerable and marginalized groups.***

Fiscal policy is a powerful tool for encouraging health-promoting behaviors and discouraging the consumption of the unhealthy products that increase the risk of developing diseases, disabilities, and other conditions that negatively impact health.

- *Recommend a target to increase national tax revenues and economic capacity through the introduction of taxation on products/goods that contribute to poor health outcomes, including unhealthy foods and beverages.*
- *Recommend the acceleration of the implementation of Article 6 of the Framework Convention on Tobacco Control (FCTC), including the obligation of parties to the FCTC to implement tax policies to contribute to health objectives while reducing tobacco consumption.³*

- **Sustainable industrialization:** Inclusive industrialization policies, specifically as related to agriculture, food and nutrition security, and decent employment must be developed so as not to undermine public health or accelerate negative health outcomes.
 - *Call for targets that protect and increase the diversity of healthy crops, without adversely affecting food and nutrition security including protecting against rises in the cost of commodities.*
 - *Support environmentally and socially sustainable consumption and production patterns, including and especially related to access, consumption, and production of nutritious foods.*
 - *Recommend the phasing out of the non-therapeutic use of antibiotics in livestock production, as this contributes to increasing antibiotic resistance in humans.*
- **A healthy workforce and inclusive economic growth:** An unhealthy workforce results in decreased productivity, resulting in lower national income, and entrenching household poverty. Disability, morbidity, and mortality from communicable and non-communicable diseases reduce worker economic output, as sick or deceased individuals drop out of the productive work force. For example, malaria is estimated to cost sub-Saharan Africa \$12 billion in lost GDP annually and slows economic growth by more than 1% per year, and controlling one NTD, hookworm, in children can result in a 43% increase in future wage earnings.^{4,5}
 - *Support the Secretary-General's call to eradicate malaria, realize the vision of a future free of AIDS and tuberculosis, and reduce the burden of neglected tropical diseases and non-communicable diseases.*
- **Gender equality, health, and inclusive economic growth:** Women of reproductive age and older women are both primary income earners and care givers in many low and middle-income countries (LMICs).⁶ The sickness and death of a mother and resulting pressure on older caregivers who do not have regular pension income increases the risks of child malnutrition, which has long term, irreversible effects on brain development, adult health and productivity, and can in turn create a cycle of poverty and ill health.⁷
 - *Support and protect the fulfillment of sexual and reproductive health and rights of women and adolescent girls, including elimination of gender-based violence and ending early and forced marriage, female genital mutilation and other harmful practices; as well as by ensuring universal access to sexual and reproductive health services, including key maternal, newborn,*

child and adolescent interventions that eliminate preventable deaths and morbidity amongst women and children.⁸

- *Support the Secretary General's Zero Hunger Challenge⁹ to eradicate hunger and malnutrition in our lifetimes, ensuring universal access to nutritious food in the 1,000-day window of opportunity between the start of pregnancy and a child's second birthday, supported by nutrition-sensitive health care, water, sanitation, education and specific nutrition interventions, coupled with initiatives that enable empowerment of women, as encouraged within the Movement for Scaling Up Nutrition.*
- *Ensure caregivers of all ages and abilities have adequate income and social support through the progressive extension of social protection floors.*
- **Decent employment:** Sustainable workforce creation is contingent upon decent jobs that include protection against occupational health risks and include equitable and fair access to occupational health and safety interventions.
 - *Call for targets on compliance with "basic national occupational health and safety standards"¹⁰*
 - *Support the inclusion of an indicator to measure to availability of basic occupational health interventions.¹¹*
 - *Promote the implementation of policies for smoke-free, non-discriminatory, and violence-free workplaces, and access to employee health promotion and prevention programs*
 - *Support the establishment of smoke-free workplaces, with adequate access to employee programs on health.*
 - *Support inclusive strategies to enable persons with impairments or disabilities relating to health conditions to find or return to employment.*
- **Infrastructure development:** Rapid, unplanned urbanization can be calamitous to health outcomes. Populations in urban areas often face increased exposure to air pollution, transitions from traditional to processed diets high in energy-dense foods, decreased access to active transport, and reduced access to health care and services.
 - *Recommend targets to promote the use of accessible, active and public transport, measures to decrease indoor and outdoor air pollution, and increase access to health care, clean water, and sanitation services in urban environments, particularly in substandard housing developments.*
 - *Promote the Age Friendly Cities approaches being piloted by the WHO.*
- **Trade:** Complementary policies in international trade agreements that do not undermine public health, particularly as related to tobacco control and the development and procurement of essential and affordable medicines and technologies, are essential to a health-promoting SDG framework. Future and re-negotiated trade and investment agreements should enshrine the sovereign right of governments to act in the interest of public health, without the threat of litigation from commercial interests.
- **Financial stability and development:** The achievement of all sustainable development goals and targets depend on donors meeting their ODA commitments.
 - *Call for donors to reaffirm their goals to allocate .7 percent of the gross national income to ODA, and to allocate funds specifically for improving health outcomes according to current epidemiological trends.*
 - *Support countries in their capacity to implement fiscal policies to support the provision of universal health coverage and access.*

Theme: Energy

- **Access and equity:** Access to clean energy has dramatic health benefits, particularly in low- and middle-income countries where the poorest and most vulnerable populations are often dependent on inefficient, pollution-emitting sources of energy. The distribution of modern, clean, affordable, and efficient energy is also a measure of the creation of healthy environments beneficial to achieving sustainable development.
 - *Support the suggested target to provide modern energy services to 400,000 primary healthcare facilities in developing countries.*¹²
 - *Include indicators to measure the health equity impacts of energy policies.*
- **Indoor and outdoor air pollution:** Approximately 3.3 million people die per year from exposure to outdoor air pollution, the concentration of which is only increasing in cities in developing countries. Over four million people die per year, including one million from children under the age of 5 from pneumonia, as a result of exposure to smoke from traditional cookstoves or open fires.¹³ Secondhand smoke is a contributor to morbidity and mortality from indoor air pollution, killing 600,000 worldwide per year.¹⁴
 - *Support the inclusion of proposed targets to reduce by half the number of premature deaths due to indoor air pollution.*¹⁵
 - *Support indicators to measure indoor and outdoor air pollution exposure, according to WHO's assessment of ambient air pollution concentrations.*¹⁶

¹ UN. *The Future We Want*. June 2012. http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/66/288&Lang=E. Accessed 18 November 2013.

² Sachs, J. et al, *Macroeconomics and Health*, Commission on Macro-Economics and Health, World Health Organization, 2001.

³ WHO. *Framework Convention on Tobacco Control*. Geneva, 2003. http://www.who.int/tobacco/framework/WHO_FCTC_english.pdf

⁴ UNICEF. *Fact Sheet: A Global Malaria Crisis*. http://www.unicef.org/media/media_20475.html Accessed November 18, 2013

Accessed November 18, 2013

⁵ Bleakley, H. "Disease and Development: Evidence from Hookworm Eradication in the Global South." *Q J Econ*. 2007; 122(1): 73–117.

⁶ International Labour Office. *Global employment trends for women – March 2008*, Geneva, 2008.

⁷ World Health Organization. *Global Strategy for Infant and Young Child Feeding*

http://www.who.int/nutrition/topics/global_strategy_itycf/en/index.html, last accessed on November 13, 2013.

⁸ Partnership for Maternal, Newborn and Child Health. *Women and Children's Health in the post-2015 Development Agenda - Economic Growth and Employment, 2013*

⁹ <http://www.un.org/en/zero hunger/challenge.shtml>

¹⁰ WHO. *Health indicators for sustainable development goals: Jobs*. http://www.who.int/hia/green_economy/indicators_jobs.pdf

¹¹ Ibid.

¹² UN Task Team. *OWG 5 technical brief on Energy*. http://sustainabledevelopment.un.org/content/documents/2077Energy%20Brief_Final_16_Oct.pdf

¹³ WHO. *Health in the green economy: Household energy in developing countries*. http://www.who.int/hia/hgebrief_henergy.pdf

¹⁴ WHO. *Environmental Burden of Diseases Series, Number 18: Second-hand Smoke*. Geneva.

http://www.who.int/quantifying_ehimpacts/publications/SHS.pdf

¹⁵ UN Task Team. *OWG 5 technical brief on Energy*. http://sustainabledevelopment.un.org/content/documents/2077Energy%20Brief_Final_16_Oct.pdf

¹⁶ WHO. *Health indicators for sustainable development: Energy*. http://www.who.int/hia/green_economy/indicators_energy2.pdf