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VIEWPOINT

The Sustainable Development Goals One-Health in the World's Development Agenda

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"We are resolved to free the human race from the tyranny of poverty and want to heal and secure our planet."¹ So pronounces the United Nations Sustainable Development Goals, adopted on September 25, 2015, succeeding the Millennium Development Goals. The Sustainable Development Goals embody a one-health strategy—healthy people living on a habitable planet.

Millennium Development Goals: A Legacy

The Millennium Development Goals, adopted in 2001 and finalized only in 2008, contained 8 goals, 21 targets, and 60 indicators. Focusing on social development, such as poverty, hunger, education, and women's empowerment, the Millennium Development Goals had 3 health-specific goals: improving child health; enhancing maternal health; and combatting AIDS, malaria, and other diseases. These goals captured much of the world's attention—global health assistance tripled from \$12 billion in 2001 to \$36 billion in 2013.²

With new resources came novel mechanisms focused on the goals, prominently the Gavi Alliance and the Global Fund to Fight AIDS, Tuberculosis, and Malaria. The Paris Declaration on Aid Effectiveness (2005) ushered in principles of country ownership, alignment, and mutual

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accountability. The Millennium Development Goals focused on measurable outcomes, with results evaluated by better health rather than money spent.

The Millennium Development Goals helped to accelerate progress globally, but unequally, and not in all countries.³ Prominent targets were achieved, including halving the proportion of people in extreme poverty and without access to clean water. Although other targets were not achieved, such as achieving universal primary education and universal access to reproductive health, impressive progress was made, including reducing child and maternal mortality and expanding human immunodeficiency virus (HIV)/AIDS treatment. Certain areas lagged, including sanitation.

Sustainable Development Goals: Onto the Future

The Sustainable Development Goals encompass social development (eg, poverty, education, gender equality), the environment (eg, climate change, terrestrial and marine environments), and economic progress (eg, growth, infrastructure). These goals, however, are diffuse. They include 17 goals and 169 targets. Goal 3 is the only goal that

explicitly addresses health: "Ensure healthy lives and promote well-being for all at all ages." It incorporates 13 targets.¹ Beyond maternal and child health and infectious diseases, the targets include noncommunicable diseases, tobacco control, mental health, road safety, and pollution. Broader targets include universal health coverage, financing, and developing the health workforce.

The Sustainable Development Goals commit to transparency and participatory review, but these are voluntary. The High-Level Political Forum for Sustainable Development is scheduled to meet annually at the ministerial and every 4 years at the "heads of state" and government level to review progress annually, but without independent monitoring.⁴

Challenges and Pathways

Achieving the Sustainable Development Goals' bold vision would be transformative, but countries have yet to commit to needed resources or shown the necessary political will to achieve them.

Cost

The annual cost of achieving the Sustainable Development Goals could reach \$5 trillion, with immense funding gaps.⁵ The United Nations expects the private sector to drive development funding,⁶ but market incentives do not favor private investment in global public goods. The following combination of taxation and health system spending could achieve major gains. If African leaders

adhered to the Abuja Declaration to devote 15% of their budgets to health, they could vastly expand health services. Budget gaps could be filled through improved tax collection and higher taxes on unhealthful products (eg, tobacco, alcohol, and sugary beverages). Wealthy countries would still have to fill capacity gaps through increased foreign assistance. Bolder still would be expanded levies on financial transactions or airline travel, providing extensive resources for development.

Contradictions

National policies often conflict with Sustainable Development Goal targets. For example, laws against homosexuality drive persons living with HIV/AIDS underground. Punitive measures against civil society weaken the bottom-up advocacy needed to drive health system reform. Trade agreements that increase patent protection could make pharmaceuticals less affordable. To guard against these threats, annual reviews should identify contradictions and implement rights-based resolutions, such as antidiscrimination laws, civil society engagement, and right-to-health impact assessments to

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identify the potential effects of policies and projects on the right to health and to mitigate harm.

Political Accountability

Accountability requires good governance such as transparency, anticorruption, and equity. The United Nations could foster accountability through independent monitoring and review of key governance indicators. Meeting Sustainable Development Goal targets and fostering accountability require high-quality data. Yet most countrywide data are aggregated, masking health inequalities. In line with the 2020 target for enhanced disaggregated data, every country should establish and fund 5-year plans to upgrade health information systems.

Measurable Targets

Some of the Sustainable Development Goal targets are vague and hard to measure. States have no clear marker for success if they are asked simply to "substantially reduce" deaths from pollution or "upgrade slums." Indicators to be finalized by March 2016 may clarify how to measure success but will not establish end points. Creating ambitious national benchmarks will be critical, such as linking targets to the World Health Organization (WHO) strategies and action plans (eg, for noncommunicable diseases and mental health).

Universal Health Coverage and Social Determinants

Three evaluative criteria could be helpful to assess and achieve universal health coverage and the social determinants of health:

1. *Universal targets and equity-driven policies:* The WHO/World Bank tool to monitor universal health coverage aims for universal coverage but only for 80% of essential health care services,⁷ which could lead to impeded access to a full range of services for marginalized communities. Indigenous peoples, undocumented immigrants, and the rural or urban poor could receive lower-quality services than the general population. Setting a target of 100% of health care services, while ambitious, would clearly express the aim of universality. Furthermore, governments should identify populations with the lowest life expectancies and prioritize services and access for those groups. Dismantling access

barriers and focusing on social determinants would achieve greater parity in services.

2. *Refocus universal health coverage toward population health:* The universal health coverage target virtually excludes public health services, expressly comprising only "financial risk protection, ... health-care services, and ... essential medicines and vaccines."¹ This narrow focus risks country expansion of curative clinical services at the expense of population-level disease prevention and health promotion. Expanded health care services with less funding for public health could result in worse health outcomes and wider inequalities.⁸ Universal health coverage should be broadly delivered through a comprehensive, integrated health system.
3. *Life's necessities:* The Sustainable Development Goals capture life necessities, but global funding for potable water, hygiene, sanitation, and nutritious food has taken a back seat to disease-specific programs, such as AIDS, tuberculosis, and malaria. Combatting infectious diseases remains vital, but healthful life conditions such as food, water, and a clean environment are indispensable prerequisites for health, requiring rapid and sustained funding increases.

Leaving No One Behind

The Sustainable Development Goals could be transformative, but genuine reform is far from ensured. Achieving global public goods require collective action. The WHO, however, has negotiated only 2 narrow treaties—on tobacco control and global health security. Negotiating a broad Framework Convention on Global Health based on the right to health could fill critical gaps in the Sustainable Development Goal agenda. A framework convention would create accountability through capacity-building and compliance-enhancing incentives and sanctions and to establish a framework to finance robust health systems and right-to-health assessments to ensure health in all policies.⁹

The path toward a healthy lifespan for all is filled with obstacles, both political and financial. The "soft" expectations of sustainable development are vital but require resource mobilization, measurable indicators, and accountability. A surer emphasis on population-level prevention, health equity, and the right to health would be truly transformative.

ARTICLE INFORMATION

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