



*United in achieving the health-related Sustainable Development Goals*



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WHO staff spell out "SDG" at the 110th Consultation of WHO Representatives and Country Liaison Officers in March 2016.

# From MDGs to SDGs

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The Millennium Development Goals (MDGs) provided milestones for global, regional and national development efforts. Health was at their centre, being integral to three of the eight goals.

The Sustainable Development Goals (SDGs) provide an opportunity to build on recent successes, reaffirm commitment and catalyse action for health and development by 2030.

# 1. Achievements and lessons learnt from the MDGs

The Millennium Development Goals (MDGs) have provided milestones for global, regional and national development efforts. Health has been at their centre, being integral to three of the eight goals.

Member States in the Western Pacific Region made impressive progress on the MDGs, achieving five of the seven health-related targets and advancing significantly towards achieving the remaining two (Table 1). For example, in maternal and child health, increased investments and subsidies to health facilities helped improve skilled attendance at birth.

Strengthened maternal death surveillance and response systems improved information and, in turn, the quality of maternal care and strengthened service delivery. In the fight against tuberculosis (TB), Region-wide implementation of global strategies has cured more than 15 million patients since 2000 and

reduced disease burden by 58% since 1990. In the battle against malaria, all 10 endemic countries in the Region made significant progress through improved vector control, accurate diagnosis, effective treatment and sound programme management. Eight countries reached the target for reducing malaria incidence and nine reached the malaria mortality target. In moving towards malaria elimination, now considered a feasible goal, services need to reach priority groups, including ethnic minorities, migrants, farmers and forest workers in remote areas. The MDGs also mobilized resources and political commitment around priority issues, for example, political support for universal access to drinking-water and sanitation led to the development of national policies in many countries, sector financing plans and human resource strategies in water, sanitation and hygiene for urban and rural areas. Success in reaching the

MDGs shows what is possible through concerted effort on priority public health issues that are supported with solid evidence, sufficient resources and strong monitoring and evaluation frameworks.

Nevertheless, some challenges remain – for example, deaths from TB remain unacceptably high – while new challenges loom, such as drug-resistant TB and ensuring adequate financial protection for vulnerable groups. Improvement is also needed in HIV intervention coverage, particularly testing among the most-affected populations. Lessons from the MDGs warn of vertical approaches and a focus on population averages, rather than disparities within populations. Other challenges include a growing noncommunicable disease (NCD) burden, environmental threats that pose health risks and outbreaks that will test the resilience of health systems. ■

## MDGs



## SDGs



**Table 1.** Regional overview of progress on the MDGs

TARGET	PROGRESS	Target (%)	Global	AFR	AMR	SEAR	EUR	EMR	WPR
<b>Target 1.C</b> Halve, between 1990 and 2015, the proportion of people who suffer from hunger	Per cent reduction in proportion of underweight children under 5 years of age, 1990–2015	50	44	35	63	49	85	39	82
<b>Target 4.A</b> Reduce by two thirds, between 1990 and 2015, the under-5 mortality rate	Per cent reduction in the under-5 mortality rate, 1990–2015	67	53	54	65	64	65	48	74
	Measles immunization coverage among 1-year-old children <sup>a</sup> , 2014	90	85	73	92	84	94	77	97
<b>Target 5.A</b> Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	Per cent reduction in maternal mortality ratio, 1990–2015	75	44	44	49	69	63	54	64
	Births attended by skilled health personnel <sup>b</sup> , 2013	90	73	54	96	59	99	67	95
<b>Target 5.B</b> Achieve, by 2015, universal access to reproductive health	Antenatal care coverage: at least one visit, 2013	100	88	81	99	84	99	79	95
	Unmet need for family planning, 2015	0	24	55	19	27	28	42	10
<b>Target 6.A</b> Have halted by 2015 and begun to reverse the spread of HIV/AIDS	Per cent reduction in HIV incidence, 2000–2014	> 0	45	59	28	50	– 16	< – 50	27
<b>Target 6.C</b> Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	Per cent reduction in incidence of malaria, 2000–2015	> 0	37	42	78	49	100	70	65
	Per cent reduction in incidence of tuberculosis, 1990–2014	> 0	17	1	49	17	14	12	48
<b>Target 7.C</b> Halve, by 2015, the proportion of people without sustainable access to safe drinking-water and basic sanitation	Per cent reduction in proportion of population without access to improved drinking-water sources, 1990–2015	50	62	38	62	74	67	39	84
	Per cent reduction in proportion of population without access to improved sanitation, 1990–2015	50	31	7	47	32	28	54	54

Notes: AFR, African Region; AMR, Region of the Americas; SEAR, South-East Asia Region; EUR, European Region; EMR, Eastern Mediterranean Region; WPR, Western Pacific Region.

a. Target for measles immunization coverage was set by the World Health Assembly.

b. Target for births attended by skilled health personnel was set by the International Conference on Population and Development.

Source: Health in 2015: from MDGs to SDGs. Geneva: World Health Organization; 2015 (p. 5).

## 2. Moving towards the SDGs

The Sustainable Development Goals (SDGs) provide an opportunity to build on recent successes, reaffirm commitment and catalyse action for health and development by 2030. The Regional Office took stock of country activities and processes to tackle the SDGs. It convened a consultation of Member States to exchange experiences, reach a shared understanding and review a draft action agenda on the SDGs.

Member States acknowledged that the SDGs, specifically SDG 3, incorporate unfinished MDG agendas (maternal and child mortality, communicable diseases, etc.) as well as neglected issues and emerging health challenges and risks.

### NCDs in the SDGs

Acknowledging that NCDs account for around 80% of deaths in the Western Pacific Region, SDG target 3.4 calls for a one third reduction of premature deaths from NCDs by 2030. Capturing data on all deaths and their causes using the International Classification of Diseases is more important than ever for evaluating progress. Stronger implementation of national civil registration systems is needed. Collaboration among WHO technical divisions will enable the Organization to better support Member States in achieving target 3.4.

### Health security in the context of the SDGs

Health security risks are universal, continuous and inevitable. Outbreaks such as avian influenza A(H7N9), Ebola virus disease, Middle East respiratory syndrome (MERS) and Zika virus disease demonstrate the importance of investing in public health preparedness for health system resilience and sustainable development. The SDGs provide a new opportunity to move from reactive to proactive health security risk management. This requires strengthening preparedness, risk detection and response capacities with intersectoral collaboration that is aligned with country priorities.

### Leaving no one behind

The SDGs place both renewed and unique demands on Member States and WHO. They have a greater focus than the MDGs on sustainability and equity. Even where MDG targets were met, challenges remained due to disparities within and between countries in the Region. Delivering on the unfinished MDGs agenda as well as achieving the newer SDGs will require greater focus on population groups left furthest behind.

### Leaving no one behind: lessons from maternal, reproductive and child health

Impressively, the Western Pacific Region reduced child mortality by 73% between

1990 and 2015, thanks to supportive policies and investments in child health and a focus on social determinants, such as education, safe water and sanitation.

However, aggregate data masked the inadequate gains in preventing newborn deaths, the proportion of which increased steadily since 1990. In recognition, countries have strengthened their newborn health programmes since 2010. The SDGs appropriately include a target for neonatal mortality.

### Towards whole-of-government and whole-of-society approaches

Health is included in and influenced by many of the SDGs. Notably, several health-related targets are incorporated not only in SDG 3, but also in other goals – for example, nutrition (SDG 2), violence against women (SDG 5) and civil registration and vital statistics (SDG 16).

Targets under various other goals also relate to the health targets in SDG 3, reflecting the importance of the social determinants of health. To better support Member States in this task, the Regional Office revamped its cross-divisional working groups on MDGs and SDGs as well as on gender and social determinants.

### Environment and health: from the MDGs to the SDGs

Despite impressive progress towards the MDGs, much work remains to mitigate environment-related health risks and hazards, including air and water pollution and hazardous chemicals. Climate change exacerbates these challenges. Achievements on MDG targets for safe water and appropriate sanitation fell short of expectations in the Region. An estimated 86 million people still lack access to improved drinking-water sources and over 300 million to improved sanitation facilities, with 20 million resorting to open defecation, most of them in rural areas. Critically, access to improved sanitation in the Pacific barely rose from 29% in 1990 to 31% in 2015, far short of the 65% target. Inadequate water and sanitation especially affects women and girls. School attendance by girls suffers if sanitation facilities are unavailable. Women and girls bear the task of collecting household water and caring for sick family members. The SDGs and agreements, such as the Paris Agreement on climate change, provide leverage points to prioritize actions that can result in co-benefits for health and the environment and ensure health as a resource for future generations.

### Urban health in the SDGs

Rapid and unplanned urbanization strains the ability of city governments to ensure healthy lives for their residents. The economic, social and environmental factors impacting urban health call for multisectoral action. The SDGs offer an opportunity for in-

tegrated action on these determinants by governments at all levels. Cities are engines of change and innovation. City governments can drive changes to advance the SDGs by working across government departments (for example, transportation, housing and agriculture) and levels (for example, national, provincial and local), and across sectors (for example, government, private sector and civil society). The *Regional Framework for Urban Health in the Western Pacific 2016–2020: Healthy and Resilient Cities* provides guidance for multisectoral actions at national and local levels to improve health, promote equity and achieve sustainable urban development.

## UHC as a platform

Universal health coverage (UHC) is a target under SDG 3. With equitable and sustainable health outcomes as the ultimate goal for health systems, UHC is essential for sustainable development and poverty reduction as well as a platform to bring together health and development efforts.

### UHC as a platform that brings various efforts together

UHC is defined as everyone having access to effective health services without financial hardship due to out-of-pocket payments. UHC includes services for both individuals and populations, ranging from prevention, treatment and rehabilitation to palliation. The Western Pacific Region action

framework *Universal Health Coverage: Moving Towards Better Health* emphasizes a whole-of-system approach and multisectoral collaboration to reduce health risks and improve health.

## Towards a regional action agenda

Achieving the SDGs builds on lessons learnt from the MDGs. Given their integrated and indivisible nature, the SDGs require changes in ways of working for all sectors and stakeholders, including in the health sector.

WHO supports Member States in prioritizing and operationalizing actions towards the health-related SDGs. The sixty-seventh session of the WHO Regional Committee for the Western Pacific will discuss a draft regional action agenda for the SDGs. This draft regional action agenda on achieving the SDGs in the Western Pacific aims to guide Member States as they review and renew their own national plans and priorities. It suggests options for Member States to consider in making the transition from the MDGs to the SDGs based on country-specific contexts, resources and entry points. It urges broader thinking about the complex factors that shape health in different environments. It also suggests ways to identify and respond to the needs of those left behind. ■