

Mind the Gap: Health Inequities and the Sustainable Development Goals

The Sustainable Development Goals (SDG) herald a paradigm shift in the new development agenda for 2030, and represent a **unique opportunity to address the challenge of equity in health**. The implementation of the agenda begins in January 2016, thus the urgent need to seize the momentum of these first months in order to define and launch concrete actions.

In the seminar organized in October by the Barcelona Institute for Global Health, the Overseas Development Institute, and Save the Children, we opened a **debate on the challenges involved in the implementation of the new agenda**: funding, governance and impact indicators. The different workshops examined the agenda's possibilities and limitations in addressing health equity, with particular emphasis on two major issues: universal health coverage, and drug innovation and access.

I. The SDGs: The New Framework for the Cooperation Agenda

LESSONS LEARNED FROM THE MILLENNIUM DEVELOPMENT GOALS (MDG)

There is a consensus on the **great progress achieved by the MDG, as well as on the challenges that lie ahead**.

The complex process involved in the design and establishment of the new agenda has tried to compensate for the weaknesses and criticisms associated to the Millennium Agenda: an agenda imposed by the North, poorly known, with no consideration for equity- particularly within a same country-, favouring fragmented strategies, with little emphasis on health systems and poor integration of social, economic and environmental issues.

In stark contrast, the SDG objectives were defined after an **unprecedented consultative process**, in which more than 100 countries and 8 million people expressed their opinion, not only on the definition of the agenda, but also on its implementation and monitoring.

In Spain, a panel of national experts was created, followed by a process of open consultation and thematic workshops in order to elaborate a draft on the Spanish position on the post-2015 agenda with principles and objectives and a particular emphasis on inequalities.

In contrast with the MDG, that took a certain time in being adopted and implemented, the SDG rise from a consensual process with broad participation, and the different agencies have had both the time and the information to adapt to the new agenda

AN AMBITIOUS PROPOSAL WITH IMPLEMENTATION CHALLENGES

The 17 SDG (with their 169 targets) are considered as indivisible, integrated targets, universally applicable to all countries. It is a person-centred agenda, and engages all three dimensions of development: economic, social and environmental. However, such a broad and ambitious proposal brings together many common problems (rather than solutions), and faces important implementation challenges in terms of funding, governance and measurement.

1. Funding

Funding is key for the achievement of this agenda. The United Nations estimates that the implementation of the SDG will cost 3.3 to 4.5 trillion USD per year.

In this sense, it is important to point out that each country will set its own targets and will work on them progressively. The **mobilization of public funds and resources** will be a necessary to cover the costs of the agenda, particularly in middle-income countries. In turn, this can only be accomplished by improving the tax collection system and increasing the participation of the private sector.

However, high-income countries should **maintain their contribution to development aid**, without which low-income countries will not manage to implement the 2030 agenda.

In view of this, the incoherence and lack of will that characterized the Addis Abeba Conference on Development Funding last July is particularly worrying. Not only the funding of the 2030 agenda was discussed before the agenda was officially approved, but there was a considerable lack of engagement on the amount and its distribution, which bodes badly for the implementation and timely achievement of the objectives.

2. Governance

Besides funding, the other great challenge lies in the implementation of the SDG. It is a much broader agenda than the MDG and runs the risk of not being applied. Because it integrates social, economic and environmental aspects, its implementation will require **greater coherence and cross-sectorial coordination at all levels – global, regional, national and local.**

This will require, firstly, **a strong political will** from all social groups and regions of the same country to ensure an inclusive and equitable process. None of the objectives should be considered as attained if they don't reach all socio-economic groups.

Secondly, **contextualization** is a key element in the implementation of the SDGs. The ambitious nature of a universal agenda implies that each country sets its own targets and prioritizes its objectives. This means establishing national agendas that specifically work on the actions that each country must undertake. Thus, the **localization of the agenda** is crucial and local administrations, through their local governance system, are essential development actors. The role of the UN will be to support the mainstreaming of national and local public policies.

Third, **accountability** is vital. A considerable obstacle to SDG implementation is the lack of an international organism or institution capable of demanding compliance with SDG targets. The regulations emitted by the WHO are binding for the member states, although their non-compliance does not seem to have any consequences, thus highlighting the need for effective binding mechanisms to ensure the fulfilment of the SDG at the international level. In this regard, **parliamentarians and civil society organizations** must play a growing role to guarantee that the agenda becomes a reality.

3. Indicators

The third challenge is measuring progress made in the implementation of the SDG. The currently used indicators do not always reflect the complex reality – the GDP is no longer useful to measure differences between the most disadvantaged groups at the global level- and often the **inequalities within countries** are as great as or greater than those between countries. Therefore, it is hard to ask poor countries to deliver when the richer countries are not subject to the same requirements.

The challenge lies in finding the appropriate indicators to measure progress achieved in the different SDG targets at the global, regional, national and local level. For example, poverty goes beyond income indicators since these do not reflect the vulnerability associated to poverty.

Statistics are fundamental for measuring progress. In many cases, the necessary tools are already in place. In Spain for example, the statistics to feed the indicators will come from the ‘Instituto Nacional de Estadística’ at the national level, EuroStat at the regional level and the United Nations Statistical Commission at the global level. In other countries such as the Democratic Republic of Congo, there is a great need to drastically improve the gathering and handling of data in order to better know the starting point and context. There is however a risk of wasting too many resources in measuring what is not done.

The indicators for the SDG are currently being discussed by the national and regional statistics offices as well as the United Nations Statistical Commission, after an open consultation process. The global indicator framework will be presented in March 2016.

The challenge will be applying an agenda flexible enough to adapt to each context and country but still sufficiently homogenous to measure, analyse and compare the progress made.

II. Achieving Health Equity under the SDG Framework

Health has not lost visibility in the new agenda, although it is mainly concentrated in Goal 3 – good health and well-being for all – and Goal 10 – reduced inequalities.

The health goals imply an **acceleration of the MDG agenda and include non-communicable diseases (NCDs) as well as the strengthening of health systems.** The Universal Health Coverage underpins all health targets.

However, to guarantee equity in health, neglected and poverty-associated diseases (commonly known as NTDs) such as Chagas should not be forgotten. These are diseases that are not explicitly mentioned in the agenda but that are particularly affected by inequities in the access to diagnosis and treatment. The growing threat of antibiotic resistance represents the other great omission, even though it was discussed and mentioned in the Declaration of the 2030 Agenda.

1. Health Target Funding

Save the Children estimates that 86 USD per capita per year are needed to guarantee a package of essential health care, and recommends that each country should aim at investing 20% of its GDP into public budget, of which 15% should go to health. The organization calculates that 26 countries cannot meet such targets without foreign aid.

Ideally, such funding should guarantee free access to essential health care, risk protection, a sufficiently trained and distributed health workforce, and access to essential medicines.

There is currently a **renewed commitment to invest in health systems**, after the lessons of the Ebola crisis, as reflected by Germany's G7 roadmap for Health System strengthening and the Primary Health Care Performance Initiative recently launched by the WHO, the Gates Foundation and the World Bank.

The **role of the different philanthropic agencies and the private sector** has become a matter of concern: their considerable economic contribution to civil society and international agencies such as the WHO hinders the capacity of such agencies to make independent decisions.

2. Governance

The example of Public Health in the Democratic Republic of Congo is an illustrative case on the importance of context, coordination and priority setting. As a country in a post-conflict setting, with security problems that persist in the Eastern area, it is not easy to prioritize public health over other major problems. Basically, health funding is very low and depends on foreign aid, medicines are not readily available, there are not enough trained health workers (1 doctor for each 102,890 inhabitants), the access to health services is limited (260 hospitals unevenly distributed in urban zones for 70 million people) and the vaccination coverage is low, explaining the high mortality among children and the low life expectancy (45 years).

In response, the United Nations and the World Bank coordinately addressed a series of interventions to accelerate the fulfilment of MDG6. In addition to being the country with the highest rates of malaria mortality, choosing this goal provides an opportunity to analyse the transition from MDG to SDG.

This case perfectly illustrates the **lessons learned from the millennium agenda**: avoid fragmented top-to-bottom strategies and mobilize domestic and international resources as part of a long-term strategy to implement unified agendas aimed at building resilient and sustainable health systems. This can be achieved with a series of actions (a Decalogue) that include complying with the International Health Regulations, defining the basic functions of public health, establishing a health workforce and an emergency preparedness and response system, reaching the entire population, and increasing community engagement.

3. Health Indicators

There is no lack of indicators for health. However, there is an urgent need for disaggregated national indicators that measure all segments of society. An estimated minimum of 25 health indicators that provide information according to sex, age, income, region, ethnicity, etc. are required. That is the only way to measure progresses in equity within a same country. Rather than focusing on reducing the absolute number of deaths among the under-five children, for example, **efforts must concentrate on reducing the existing gaps between the different population groups.**

4. Universal Health Coverage

The goal of universal health coverage is to guarantee that **everyone has access to basic health services and medicines**, without being exposed to financial hardship. This is only possible if the society and governments engage in pooling money to cover those who cannot afford to pay. **The universal health coverage underpins all health targets.**

Child mortality represents one opportunity to approach equity in health. The probability of reaching the age of five shows considerable gaps within many countries depending on the family's income level, the rural or urban environment, and even the ethnicity.

Unfortunately, the SDG negotiations reflected important disagreements in how Universal Health Coverage is perceived, and even a sort of schizophrenia or battle of ideologies. For example, Spain signed the Agenda in New York and at the same time dismantled its own universal health coverage system. Overall, this greatly hindered the possibility of considering the Universal Health Coverage as the main axis from which all health problems can be tackled, and as a key factor to achieve equity. This proposal, defended by several experts at WHO, was eventually mentioned in the agenda, but under general terms and with no defined timeframe.

5. Innovation and access to drugs, vaccines and treatments

A major **challenge in terms of health equity is posed by the high price of medicines and the lack of innovation**. Currently, many drugs and diagnosis tests are unaffordable or poorly adapted to low-resource settings. The current R&D development model is not working, although more data are needed to assess the magnitude of the problem.

One great contradiction of the current model is that, in parallel to the SDG negotiations, free-trade agreements that deepen the problem of access to drugs are being signed. The new development agenda is adapting to the existing innovation framework without making a case for the need to rethink the whole system: from research to the role of civil organizations, without which many achievements would not have been possible but that need to maintain an active role in exposing the inequities that the current model generates.

Hepatitis C, Ebola and antimicrobial resistance are some examples that illustrate the **failure of the current R&D model**, in which the research agenda is mainly driven by financial interests and public health problems are tackled only punctually, as in public health emergencies. The lessons learned in these cases (i.e. Ebola) represent an excellent opportunity to explore other innovation models based on transparency and the participation of all stakeholders.