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AFR/RC66/7
21 August 2016

REGIONAL COMMITTEE FOR AFRICA

ORIGINAL: ENGLISH

Sixty-sixth session
Addis Ababa, Federal Democratic Republic of Ethiopia, 19–23 August 2016

Agenda item 16

HEALTH IN THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT

Report of the Secretariat

CONTENTS

BACKGROUND

1.   In September 2015, Heads of State and Government met at the United Nations Headquarters in New York to agree on a new generation of 17 Sustainable Development Goals (SDGs) and 169 targets, to succeed the Millennium Development Goals (MDGs) and to guide global development over the 15 years to 2030. The core of the agenda – the 5 'Ps': people, planet, prosperity, peace, and partnership – capture its broad dimensions and aspirations. The aim is to end poverty, reduce inequality and injustice, and tackle climate change.

2.   Goal 3 is to ensure healthy lives and promote well-being for all at all ages. The associated health targets include those that have been carried forward from the MDGs, noncommunicable diseases, access to reproductive health and universal health cover. Additional targets referred to as requiring specific "means of implementation" include tobacco control, access to medicines, health financing, human resources and global health risks. Goal 17 is a cross-cutting goal on means of implementation that is relevant to all the other goals. It covers financing, partnership, technology assessment and data, monitoring and accountability.

3.   Health constitutes a determining factor in the achievement of several other Sustainable Development Goals. On the other end, the achievement of many other Goals has a direct or indirect impact on the health Goal. Goal 1 on ending poverty includes two health-related targets: coverage of people who are poor and vulnerable with social protection systems; and building resilience and reducing deaths from natural disasters. Goal 2 is on food security and good nutrition. Goal 5 on gender equality and empowerment of women and girls has two health-related targets on preventing and eliminating all forms of violence against girls and women and eliminating all harmful practices, such as child, early and forced marriage and female genital mutilation. Goal 6 is on universal access to water and sanitation. Goal 13 on combating climate change and its impacts has two health-related targets on strengthening resilience and adaptive capacity to climate-related hazards and natural disasters and integrating climate change measures into national policies, strategies, and planning. Goal 16 on promoting peaceful societies includes the reduction of violent deaths, the elimination of all forms of violence against children and the provision of legal identity for all, including birth registration (Annexes 1 and 2).

4.   The SDGs are innovative because they are interlinked, integrated and universal, spanning the economic, environmental and social dimensions of sustainable development. They call on countries, the international development and donor community, and the United Nations system to adopt new ways of working. Achieving them requires broad, coordinated mobilization of human, financial and material resources as well as joint work across all sectors and between all categories of stakeholders – governments, international organizations, civil society, private sectors, foundations and individuals.

5.   This document describes the health-related SDGs and targets; identifies key issues and challenges in achieving them; and proposes priority actions that Member States of the WHO African Region should consider for the implementation of the SDGs.

ISSUES AND CHALLENGES

6.   The African Region has the highest burden of disease compared to other regions. Despite the progress made, the health-related MDG targets were not achieved in most countries by the end of 2015. In addition, many countries which made good progress towards achieving health-related MDGs did so only in certain populations. A number of key challenges that hindered the achievement of the health-related MDGs have been identified. These include fragmentation of interventions; inadequate health financing; weak health systems; unequal access to effective services; weak multisectoral responses, health emergencies, and inadequate data for monitoring progress. These challenges need to be addressed during the SDG era. This is important considering the breadth and ambition of the SDG agenda.

7.   *Tackling fragmentation:* The MDGs were successful in attracting both funding and political attention among a wide range of interest groups, including international agencies. However, one of the unintended consequences of the MDGs' focus on specific diseases in the Region was a tendency to reinforce programme silos to deliver selected interventions. This also led to competition, duplicate and often parallel structures, inefficiency and lack of coherence of health governance.

8.   *Weak multisectoral response*: The integrated and indivisible nature of the SDGs, described above, highlights the fact that progress in one area is dependent on progress in many others. Therefore, realizing Goal 3 calls for action from other sectors as well. However, institutionalizing multisectoral action for health development remains a challenge and deliberate action is needed to ensure that the effect on health is considered in all policy formulation

9   *Inadequate financing:* Significant investments are needed to achieve the health-related SDG targets. For example, at least US$ 37 billion a year over and above additional spending will be needed to achieve universal health coverage globally.[1] The proportion of this amount that is required to reach the targets in the Region is not known but is expected to be substantial. The challenges that should be addressed are: (i) inadequate funding to meet government plans to achieve SDGs; (ii) over-reliance on external resources to implement programmes, even though the resources may be unpredictable and unsustainable; (iii) inefficient and ineffective use of existing resources; and (iv) low priority accorded to health in national investment plans.

10.   *Weak health systems:* The limitations of the MDGs included "a limited focus, resulting in verticalization of health and disease programmes in countries, a lack of attention to strengthening health systems, the emphasis on a 'one-size-fits-all' development planning approach".[2] The challenge is to develop health systems capable of providing integrated, people-centred care. This can be done by improving leadership and governance of health systems, infrastructure, financing, human resources, and access to health technology, effective medicines, vaccines and safe blood, among other measures.

11.   *Unequal access to effective services:* Persistent inequities (for example, by gender, by income educational level and area of residence) in access to health services could be addressed by placing universal health coverage (UHC) as the target that is key to the achievement of all the other targets.

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[1]   United Nations. Report of the Intergovernmental Committee of Experts on Sustainable Development Financing. United Nations, New York, 2014, p5.

[2]   World Health Organization. Health in 2015: from MDGs to SDGs. World Health Organization, 2015, p3.

UHC can increase coherence, reduce fragmentation in the health sector, and contribute to the development of strong health systems.

12.   *Health security:* Countries have made progress in their ability to respond more effectively to emergencies, but many challenges remain. None of the 47 countries in the Region achieved all the IHR (2005) core capacity targets. There are gaps in the capacity of ministries of health to manage intersectoral coordination, which is key to responding to emergencies and disasters adequately. The Ebola epidemic in West Africa has also highlighted three key concerns with the implementation of the International Health Regulations (IHR 2005). These are related to the development of core capacities, timely sharing of information and the institution of additional measures by State Parties.

13.   *Availability and use of information:* Many attempts have been made to measure population health status during the MDG era. However, challenges remain with regard to the availability of timely, comparable and quality data to enable countries to track inequalities. An additional challenge is accountability in using information for programme improvements. Focusing on collecting individual indicators has resulted in fragmented health information systems, heavy reporting burdens, and lack of interoperability in terms of data and information systems. (See Annex 3 for the list of indicators currently under consideration).

ACTIONS PROPOSED

14. Member States should:

(a)   Strive for one national plan, one coordination mechanism, and one Monitoring and Evaluation framework for the implementation of the SDG agenda. They should strengthen their governance and management capacity to lead the policy dialogue with development partners, and promote and enforce intersectoral cooperation and convergence at all levels.

(b)   Emphasize the need for multisectoral actions to address social, environmental and economic determinants of health, to reduce health inequities within and between countries and contribute to sustainable development, including Health-in-All-Policies as appropriate. Countries need to strengthen partnerships for SDG implementation by developing, implementing and monitoring appropriate partnership frameworks for aligned and harmonized action.

(c)   Ensure long-term, predictable and sustainable financing by increasing public revenues and raising additional resources for health through innovative and alternative health financing mechanisms, such as a financial transactions tax, as was agreed at the July 2015 Addis Ababa meeting on financing the SDGs.[3] They should also strive to mobilize external resources to complement domestic resources and ensure streaming and sustainability. Countries should also assess and improve the way funds are raised and used for health and be able to track allocated resources from all sources through institutionalized national health accounts.

(d)   Focus their efforts on strengthening primary health care and health systems to ensure increased accessibility and quality of health services, including surgical and anaesthetic services. They should have a strong health workforce; an effective health information system; equitable access to essential

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[3]   Third International Conference on Financing for Development, 13-16 July 2015, Addis Ababa, Ethiopia.

medical products, vaccines and technologies; a functioning health financing system; and a robust leadership and governance structure.

(e)   Intensively pursue policies to make health services available and affordable for all at the point of delivery. Accelerating health equity-UHC involves three essential parallel synergistic interventions for the Region: strengthening physical access by improving geographical coverage of health services, including strengthening district health systems to provide essential, innovative and integrated service delivery; improving quality of service and standards; and strengthening financial assessments by extension of financial risk protection mechanisms. They should also use pre-payment or other financing arrangements in order to expand financial protection to ensure that no one is impoverished from catastrophic health expenditure.

(f)   Improve accountability in data use and make it the central stage of their SDGs planning and monitoring framework. Better use of data in planning and decision-making as well as building capacity in Monitoring and Evaluation must be a priority. They should assess progress regularly by conducting quality reviews at national and subnational levels. Strengthening civil registration and vital statistics and routine health information systems with disaggregated data to monitor health equity should be a priority. This should in turn enhance the availability of timely and relevant data for programme use. They should also include health-related indicators and composite indices for measuring progress in all relevant dimensions of sustainable development. National Health Observatories or similar platforms (under development in several countries) should be promoted to strengthen the capacity to collect, analyse and interpret real-time health data.

15.   WHO and partners should:

(a) continue supporting Member States to prioritize and sequence key actions, such as the development and implementation of strategic plans;

(b) strengthen their advocacy role in implementing the health-related SDGs, including improved research and develop availability and access to essential medicines and vaccines;

(c) continue supporting Member States for generation and better utilization of resources for implementation of the health-related SDGs;

(d) continue monitoring and reporting on the Region's progress towards the health-related targets.

16.   The Regional Committee reviewed this document and adopted the proposed actions.

ANNEX 1: Goal 3. Ensure healthy lives and promote well-being for all at all ages

3.1   By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births;

3.2   By 2030, end preventable deaths of newborns and under-five children;

3.3   By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases;

3.4   By 2030, reduce by one third premature mortality from noncommunicable diseases (NCDs) through prevention and treatment, and promote mental health and well-being;

3.5   Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol;

3.6   By 2020, halve the number of global deaths and injuries from road traffic accidents;

3.7   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;

3.8   Achieve universal health coverage (UHC), 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;

3.9   By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination;

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

3.b   Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration which affirms the right of developing countries to use to the full the provisions in the TRIPS agreement regarding flexibilities to protect public health and, in particular, provide access to medicines for all;

3.c   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;

3.d   Strengthen the capacity of all countries, particularly developing countries, for early warning, risk reduction, and management of national and global health risks.

ANNEX 2: Health-related Sustainable Development Goals (SDGs)[4]

Goal 1. End poverty in all its forms everywhere

1.3   Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable;

1.5   By 2030, build the resilience of the poor and those in vulnerable situations, and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters.

Goal 2. End hunger, achieve food security and improved nutrition, and promote sustainable agriculture

2.1   By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations including infants, to safe, nutritious and sufficient food all year round;

2.2   By 2030, end all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons.

Goal 5. Achieve gender equality and empower all women and girls

5.2   Eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation;

5.3   Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilations;

5.6   Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

Goal 6. Ensure availability and sustainable management of water and sanitation for all

6.1   By 2030, achieve universal and equitable access to safe and affordable drinking water for all;

6.2   By 2030, achieve access to adequate and equitable sanitation and hygiene for all, and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations;

6.3   By 2030, improve water quality by reducing pollution, eliminating dumping and minimizing release of hazardous chemicals and materials, halving the proportion of untreated wastewater, and increasing recycling and safe reuse by x% globally.

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[4]   Document A/68/970. Report of the Open Working Group of the General Assembly on Sustainable Development Goals. United Nations General Assembly, 12 August 2014. http://www.un.org/ga/search/view_doc.asp?symbol=A/68/970&Lang=E (Accessed 5 March 2015).

Goal 13. Take urgent action to combat climate change and its impacts[5]

13.1 Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries;

13.2 Integrate climate change measures into national policies, strategies, and planning.

Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

16.2 End abuse, exploitation, trafficking and all forms of violence and torture against children;

16.9 By 2030, provide legal identity for all, including birth registration.

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[5] Acknowledging that the UNFCCC is the primary international, intergovernmental forum for negotiating the global response to climate change.

ANNEX 3: Targets and Indicators[6] for Goal 3. Ensure healthy lives and promote well-being for all at all ages[7]

Target	Indicators
3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births.	3.1.2 Proportion of births attended by skilled health personnel. 3.1.1 Maternal deaths per 100 000 live births.
3.2 By 2030, end preventable deaths of newborns and children under five years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-five mortality to at least as low as 25 per 1000 live births.	3.2.1 Under-5 mortality rate (deaths per 1000 live births). 3.2.2 Neonatal mortality rate (deaths per 1000 live births).
3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	3.3.1 Number of new HIV infections per 1000 uninfected population (by age group, sex and key populations) 3.3.2 Tuberculosis incidence per 1000 persons per year
3.4 By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being.	3.4.1 Mortality from cardiovascular disease, cancer, diabetes or chronic respiratory disease. 3.4.2 Suicide mortality rate.
3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.	3.5.1 Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders 3.5.2 Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol.
3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents.	3.6.1 Number of road traffic fatal injury deaths within 30 days, per 100 000 population (age-standardized).
3.7 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.	3.7.1 Percentage of women of reproductive age (aged 15-49) who have their need for family planning satisfied with modern methods 3.7.2 Adolescent birth rate (aged 10-14; aged 15-19) per 1000 women in that age group.

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[6] Indicators marked with an asterisk (*) are still being reviewed by the members of the Inter-Agency and Expert Group on Sustainable Development Goal Indicators.

[7] Report of the Inter-Agency and Expert Group on Sustainable Development Goal Indicators, United Nations, Economic and Social Council, Statistical Commission, Forty-seventh session, 8-11 March 2016. (Accessed 5 April 2016) http://unstats.un.org/unsd/statcom/47th-session/documents/2016-2-IAEG-SDGs-E.pdf

3.8 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.	3.8.1* Coverage of tracer interventions (e.g. child full immunization, antiretroviral therapy, tuberculosis treatment, hypertension treatment, skilled attendant at birth, etc.). 3.8.2* Fraction of the population protected against catastrophic/impoverishing out-of-pocket health expenditure.
3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.	3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2* Mortality rate attributed to hazardous chemicals, water and soil pollution and contamination.
3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.	3.a.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older.
3.b 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.	3.b.1 Proportion of the population with access to affordable medicines and vaccines on a sustainable basis. 3.b.2 Total net official development assistance to the medical research and basic health sectors.
3.c 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.	3.c.1 Health worker density and distribution.
3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.	3.d.1 Percentage of attributes of 13 core capacities that have been attained at a specific point in time.