



**THE SDGs:
REFLECTIONS ON
THE IMPLICATIONS
AND CHALLENGES
FOR HEALTH**





SUMMARY

In September 2015, heads of state and governments met at the UN in New York to agree on a new generation of 17 SDGs and 169 targets to succeed the MDGs and to guide global development over the 15 years to 2030.¹

A product of extensive global consultation, and prolonged negotiation, the SDGs have been welcomed by many for their comprehensiveness, universal applicability and breadth of ambition. But they have also been criticized for lacking precision and for proposing an unattainable utopia.² While these and other schools of thought will be represented among WHO Member States, a pragmatic middle ground is possible, which uses the SDGs as an opportunity to accelerate progress in health, universal coverage and human development.

The SDGs represent a potentially important and exciting opportunity for global health. Forging a clear narrative that clearly articulates the opportunities, challenges and the practical significance of the SDGs for health is therefore urgent. This final chapter briefly summarizes the development of the SDGs, highlighting key differences with the MDGs. It also outlines key elements of a strategic position for WHO and the health sector in general, in recognition of the fact that the SDGs will have significant implications for the work of WHO, ministries of health and global and regional health partners.

THE LEGACY OF THE MDGs

It is generally agreed that the MDGs have been a success. Certainly they have been more influential and achieved wider public recognition than any other attempt at international target setting in the field of development. The period of their currency – 2000 to 2015 – has also seen significant increases in development financing, particularly for health: development assistance for health more than tripled after 2000, accompanied by strong growth in domestically sourced financing.

Their success is generally attributed to the fact that they galvanized concerted action around a limited number of time-bound, measurable and easy to communicate goals. While criticized for ignoring many aspects of development (not least sustainable economic growth and health system strengthening) and focusing on aggregate rather than equitable achievement, the MDG targets were nevertheless widely accepted as a measure of progress in the developing world.

The degree to which the remarkable progress in health outcomes over the last 15 years, and the increase in resources that have made these achievements possible, is directly attributable to the existence of MDGs *per se* is debatable.³ However, there have been significant achievements. Global MDG targets for HIV, TB and malaria have been met. Child mortality has fallen by 53% since the MDG statistical baseline year 1990 and maternal mortality by 44%. Even though these latter figures fall short of the two thirds and three quarters declines that were targeted, they are still cause for celebration.

While it is hard to isolate specific causal effects, it seems reasonable to suppose that the intensity of focus (and investment) has been a key driver of innovation, enabling the scale-up of new interventions, such as ART, LLINs, ACTs, vaccines against pneumonia and diarrhoeal disease, and new and better diagnostic tests for multiple diseases.

It can also be argued that without the influence of the MDGs on promoting measurement, and the development of monitoring systems, the world would not be in a position to track progress with the degree of confidence that is now possible. Moreover, the focus on measurement has encouraged political leaders in several countries to make public commitments to achieving specific targets in areas such as maternal or child mortality. These commitments not only put pressure on ministries of health, but also provide a way for civil society, parliament and the media to hold health providers accountable for their performance.

Beyond the health sector, the broader determinants of health have shown similar improvements. Extreme poverty, as measured by the number of people living on less than US\$ 1.25 per day, has declined by more than half. The

proportion of under-nourished people in developing countries has fallen significantly. Primary school enrolment, for girls and boys equally, has exceeded 90% and, in 2015, 91% of the global population are using improved drinking-water sources.

However, there remain several targets where progress has been limited (for example, use of family planning and improved sanitation) and there remains an “unfinished agenda” to complete work on the current health MDGs. It is also evident that progress within and between individual countries is highly variable. This unfinished MDG agenda is reflected in the SDGs and has been enhanced to include new and more ambitious targets such as ending epidemics of HIV, TB and malaria and all preventable maternal and child deaths – all with a greater focus on equity.

THE BIRTH OF THE SDGs

Member States of the UN gave a first mandate to start work on the post-2015 development agenda in 2010, five years before the completion of the MDGs. In response, the Secretary-General convened a High-level Panel of Eminent Persons (HLP) in 2012 that submitted a report one year later, proposing 12 goals and 54 targets. Concurrently, the UN Development Group agencies, including WHO, led a “global conversation” to solicit views through web-based portals and innumerable face-to-face thematic and sectoral meetings at national, regional and global level. While the impact of the HLP’s work has been limited, their report served to build confidence at a time when many feared that it might be impossible to reach any consensus at all, given the vast range of issues competing for attention.

A second mandate was agreed at the UN Conference on Sustainable Development in Rio de Janeiro in 2012 (Rio+20). The Rio+20 outcome document – *The future we want* – established an open working group (OWG) of UN Member States to develop a set of sustainable development goals that would be presented to the UN General Assembly for consideration. It also stipulated that the SDGs should be aligned with and integrated into the UN development agenda post-2015. The OWG, following its own consultative process, duly presented its proposals in 2014, at which point it was agreed that they would provide the main basis for negotiation of a final set of goals to be agreed by heads of state and governments in September 2015.

A final text for adoption by the UN General Assembly, which takes into account the outcome of other global meetings in 2015 (the Sendai Framework for Disaster Risk Reduction and the Addis Ababa Action Agenda on Financing for Development), was published in August 2015. The goals were endorsed by resolution at the UN Sustainable Development Summit in September 2015.

A 10-page declaration precedes the main body of the document that sets out 17 goals and 169 targets. A full list of goals is found in Table 1.2. The main sections of the SDG declaration focus on the new agenda, the means of implementation and follow-up and review.

The goals will come into effect on 1 January 2016. Thereafter, two processes will be completed. First, work is underway to develop a global indicator framework under the auspices of the UN Statistical Commission, involving an Inter-Agency and Expert Group on SDG indicators (IAEG-SDG) with 28 Member States as members and UN agencies as observers. A proposal from the UN Statistical Commission to the UN Economic and Social Council (ECOSOC) is expected in March 2016. This should include the full set of indicators for SDG monitoring.

Second, while the SDG goals and targets are global in nature and universally applicable, the declaration envisages a situation with “each government setting its own national targets guided by the global level of ambition but taking into account national circumstances”. How this will work in practice and what will be the role of global and regional institutions in helping countries to set such targets remains to be seen.

Once an indicator framework is agreed, a complex and intensive reporting, follow-up and review process will begin. The Secretary-General, with support from the UN system, will produce an *annual* SDG Progress Report. The report will inform the High Level Political Forum (HLPF) for Sustainable Development, under the auspices of ECOSOC, which will also receive a Global Sustainable Development Report (frequency to be decided). Every four years “under the auspices of the UN General Assembly, the HLPF will provide high level political guidance on the SDG agenda and its implementation”. Review mechanisms will also be established at regional and national level and are likely to be more active and relevant than has been the case for the MDGs.

CHILDREN OF THEIR TIME: THE SDGs ARE DIFFERENT

The transition from MDGs to SDGs cannot be seen solely as the exchange of a shortlist of goals and targets for a longer one. The SDGs are fundamentally different to the MDGs, as is the political context in which they have been developed and in which they will be implemented.

The MDGs had a consistent and more or less singular purpose. Emerging from a series of global development conferences in the 1990s, they were about the achievement of improved human development outcomes (primarily in terms of poverty, education and health) in developing countries.

They were also framed as a compact between developed and developing countries, with Goal 8 specifying what the rich world could do to help low-income countries achieve goals 1 to 7. They were closely associated with aid spending, and have been a key determinant of aid budgets for health, with inevitable consequences for priority setting in both donor and recipient countries.

The Millennium Declaration adopted by the UN General Assembly in 2000 was similar in breadth and ambition to the text of *Transforming Our World: the 2030 Agenda for Sustainable Development*. The big difference in 2000 was that following the adoption of the declaration, a technocratic process led by the UN resulted in a *selected* list of goals and targets. The SDGs, by contrast, reflect the breadth and ambition of the declaration of which they are part.

The SDGs in the words of the declaration are, “integrated and indivisible, global in nature and universally applicable”. The SDGs seek to be relevant to *all* countries. They are therefore about development, but not just about developing countries (although each reference to universality in the SDG declaration is qualified by phrases such as “taking into account national realities, capacities, policies and priorities”).

The second major difference is the breadth of the proposed agenda; the SDGs are “unprecedented in scope and significance”. While the MDGs were about a limited set of human development targets, the SDGs cover the economic, environmental and social pillars of sustainable development with a strong focus on equity – expressed most frequently in the phrase, “no one will be left behind”. While the breadth and ambition of the agenda has attracted much critical comment, one can argue that the range of topics covered in the SDGs more closely reflects the range of issues with which a government in reality has to contend, than the narrow agenda encompassed by the MDGs.

The MDGs were silent about the impact of political factors in countries. Yet, most of the countries in which targets are farthest from being met are those that have gone through a period of sustained political turbulence requiring humanitarian and developmental support. Goal 16 of the SDG explicitly recognizes the importance of peace and security as necessary conditions for sustainable development.

“We recognize that each country has primary responsibility for its own economic and social development.” This sentence from the declaration points to another difference that is worthy of consideration: the positioning of the SDGs in relation to development assistance. A complex issue, it can be expressed in simple terms: if the SDG agenda is genuinely universal and relevant to all countries, then the close link between development goals and financing from donors should become less important. The outcome

of the UN Conference on Financing for Development held in Addis Ababa points in the same direction, emphasizing the importance of domestic and private financing, and highlighting the role of international public finance, including ODA, in catalysing additional finance from other sources. There is a growing consensus that over the next 15 years, development assistance will remain important, but for a *decreasing* number of poor and often fragile countries.

Such conceptual tendencies aside, the SDG/development assistance issue is likely to remain ambivalent. In Addis Ababa a clear difference between some donor and recipient countries on the importance of development assistance in financing SDG-related efforts became apparent. While not meant to be a pledging event, one of the few concrete targets to be agreed on was the reaffirmation of the "... commitment by many developed countries to achieve the target of 0.7% of ODA/GNI and 0.15 to 0.2% of ODA/GNI to LDCs."

Finally, it is worth noting that in attracting both aid money and political attention the MDGs fuelled intense competition during the period of consultation and implementation. A wide range of interest groups, including international agencies, lobbied intensely to ensure that their priorities were supported – with little concern for the coherence of the agenda as a whole. While this competition and fragmentation is likely to continue, the SDG declaration stresses the crucial importance of inter-linkages and the integrated nature of the goals to ensure that the purpose of the new Agenda is realized.

Overall, the MDGs were forged in an atmosphere of greater global optimism, in which the prospects for increases in development assistance spending were bright (and indeed were realized). The political context is now very different.

Economic insecurity, cuts in public services and growing inequality in much of the western, rich world reduces political interest in international development and increases public hostility to aid. Indeed, it has been argued that only if the governments of developed countries do more to tackle inequality and insecurity at home, as part of their contribution to the SDGs, will they have the political space to pursue the idea of global solidarity that underpins the new agenda.⁴

TOWARDS A WHO POSITION ON HEALTH AND THE SDGs

Several health targets follow on from the unfinished MDG agenda, and many of the other health targets are derived from World Health Assembly resolutions and related action plans. Much of the critique (around feasibility, precision, measurability etc.) that has been directed at the SDGs as a whole can be relatively easily dealt with when it comes to health, even though the agenda is now much more ambitious.

At the same time, it is important to recognize the breadth of the new agenda: one that sees health not only as ensuring healthy lives and promoting well-being for all at all ages, but also one in which health and its determinants influence, and are influenced by, other goals and targets as an integral part of sustainable development.

The following section sets out 10 points that will contribute to an organizational position on health and the SDGs. They are grouped under five broad headings.

THE PLACE OF HEALTH IN THE SDGs

1 Having one health goal is enough

Goal 3 on health – *Ensure healthy lives and promote well-being for all at all ages* – is one goal among the 17. Some commentators have suggested that health has either lost out or been demoted from its place in the MDGs, where three out of eight goals were concerned with health. This should not be a matter of concern. Goal 3 is drafted in extremely broad terms and, in any case, the comparison, is flawed. The MDGs reflected a relatively narrow range of human development outcomes within which it is logical that health be prominent. The SDGs, by contrast, reflect a far wider range of environmental, economic and societal concerns. All the SDGs are designed to be cross-cutting and the inter-linkages and networks within the SDGs are as important as the individual goals themselves. Moreover, the importance of reducing “inequalities within and among countries” has been explicitly recognized as an SDG in itself (Goal 10), and applies to all other goals including health. Having only one goal is both logical and in no way detracts from the importance of health. Health is positioned as a major contributor to other SDGs: without health many other SDGs cannot be achieved. Health also benefits from progress towards the other SDGs.

2 There are some important health issues missing from the SDGs, but not many

The targets included under Goal 3 cover a great deal of ground. Almost all targets can be linked to strategies and global action plans that have been adopted by the World Health Assembly in recent years or are under development.

Gaps are few. There is no mention of immunization coverage as a specific target, but it is integral to the achievement of at least four of those that are listed. Access to sexual and reproductive health care is included, but sexual and reproductive rights, violence and discrimination against women and girls are dealt with elsewhere (Goal 5). Older people are mentioned in Goal 2 on nutrition, and in Goal 11 on cities (safer environments). The implications of population ageing as a global trend with important implications for health systems is absent, except indirectly through its impact on NCDs and mental health. It therefore needs to be seen as integral to progress on UHC.

One of the few issues that appear in WHO’s leadership priorities that is missing is antimicrobial resistance. It has been squeezed in as an afterthought in the health paragraph of the declaration, but is omitted from the specific targets. The omission is indicative of one of the main failings of the health targets, namely that they perpetuate current ways of thinking and working within the health sector, and give insufficient attention to issues like antimicrobial resistance that, by their very nature, cut across diseases and sectors.⁵

HEALTH SYSTEMS ARE CENTRAL TO THE NEW AGENDA

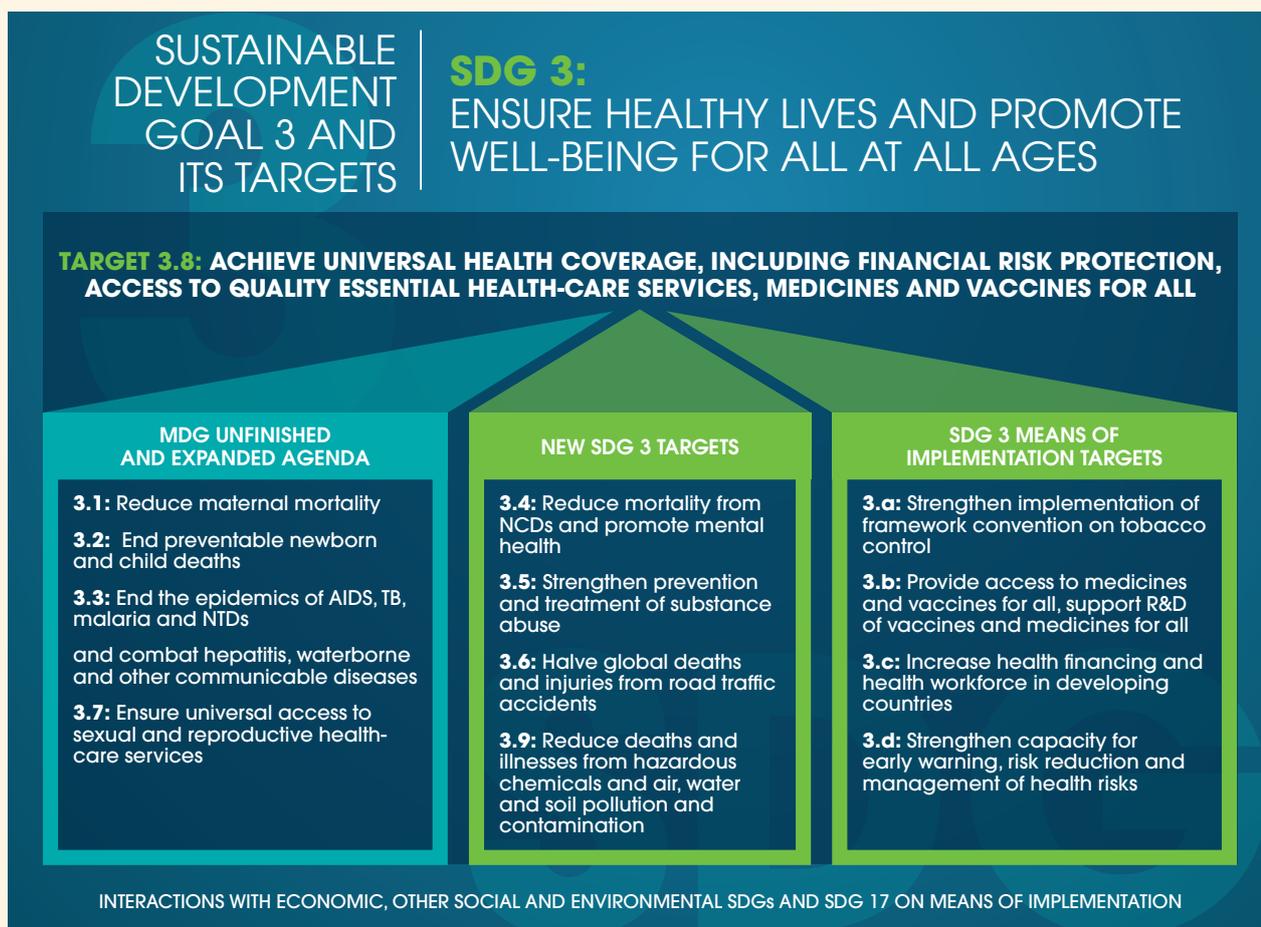
3 The health targets have a logical relationship

Goal 3 has nine substantive targets and four additional points, which are also targets, but are listed as “means of implementation”. The full text of all 13 is found at Table 1.3. The order in which the targets are listed gives no sense of their relationship, but the declaration endorsed by heads of government in the section on “the New Agenda” provides more direction:

“To promote physical and mental health and well-being and to extend life expectancy for all, we must achieve universal health coverage and access to quality health care. No one must be left behind. We commit to...” (thereafter follows a brief summary of health targets).

This places UHC as the target that underpins and is key to the achievement of all the others. Placing UHC as the target to which all the others contribute also shows how UHC can serve to increase coherence, reduce fragmentation in the health sector, and contribute to the development of strong health systems. Figure 9.1 presents the targets under Goal 3 in a way that distinguishes those that have been carried forward and enhanced from the MDGs, those that have been added, and the means of implementation. Goal 17 is a cross-cutting goal on means of implementation that is relevant to all the others. It covers financing, partnership, technology assessment and data, monitoring and accountability.

Figure 9.1
A framework for the SDG health goal and targets



4 Achieving the new health targets cannot rely on business as usual

One of the acknowledged problems of the MDG era was the fragmentation of country health systems that resulted from the establishment of separate programmes, each focusing on its own targets, with little consideration for the impact on the health system as a whole. This situation is exacerbated when each programme produces a separate estimate of financial needs – geared primarily towards advocacy rather than accurate budgeting. The net result is

that health systems providing integrated, people-centred care, with realistic estimates of overall cost, and capable of achieving multiple targets have been hard to establish.

With 13 health targets covering most national health concerns and the majority of WHO's work programme areas, an approach to national health development that focuses on individual programmes in isolation will be counterproductive. It risks even greater fragmentation and competition than has been seen in the past. More critically, as noted above, it will fail to address the many cross-cutting issues that do not fit neatly into programme areas.

This point has fundamental implications for work in WHO, particularly at country level. To respond to the new agenda, WHO will need to ensure that individual programme areas contribute to, and work within, the framework of a country's overall health plan or strategy. This will require more active collaboration within and between programmes than has been the case in the past. It also raises important questions as to how planning, budgeting and resource allocation, can provide the incentives needed to drive more collaborative work across the organization.

THE SDGs CAN PUT HEALTH GOVERNANCE CENTRE STAGE

5 Used creatively, the SDGs can enhance governance for health

One of the basic principles underpinning the SDGs is that they are “integrated and indivisible”: progress in one area is dependent on progress in many others. Translating this insight into practical action is one of the key challenges for the new agenda. Many of the synergies are well known (such as those that exist between health, education, nutrition, social protection and conflict). Other links, however, while less immediate, are no less important – for example the links between sustainable consumption and NCD risk factors, or climate change and the spread of vector-borne diseases.

One area of growing concern that the nexus of SDG links can help address is the impact of non-health policy sectors on health. The fundamental idea behind *governance for health*⁶ is that deliberate action is needed to influence governance in other policy arenas to promote and protect health. The integrated nature of the SDG agenda provides additional legitimacy for WHO to pursue a more active agenda in this domain. Areas of particular relevance, in which governance can have a positive impact on health, include trade and intellectual property, sustainable energy, income inequality, migration, food security, and sustainable consumption and production. While much of the attention on governance for health has focused on global issues, the SDG declaration points to the importance of governance for health at national and regional levels.

6 The SDGs should provoke a deeper debate about health architecture

The MDGs have had a marked influence on the institutional landscape for global health. While they have been successful in mobilizing money and political attention, many of the mechanisms established over the last 15 years (the Global Fund; GAVI; the Partnership for Maternal, Newborn, and Child Health; and a wide range of other advocacy and fundraising partnerships etc.) have contributed to creating a competitive institutional landscape globally with fragmented delivery systems at country level. UN agencies, often encouraged by their major donors, have behaved in similar ways, claiming allegiance to or ownership of particular goals or targets. The result is that competition for funds (on behalf of one target or another) and for the limelight of public attention, too often outweighs collaboration on improving health as a whole with people rather than diseases as the centre of concern.

With talk already starting about creating yet more purpose-specific funds aligned to specific health targets, it is evident that the new generation of goals could make the situation worse. But there is an alternative. The adoption of the SDGs offers an opportunity to take a fresh look at the institutional arrangements that are required to improve and maintain people's health. Such an approach would widen the scope of the “global health architecture” discussion beyond the current debates on financing and institutional positioning. Instead there is now an opportunity to start thinking about what is needed in terms of institutional arrangements for financing and producing global public goods; for improving cross-border health security; for improving the relevance and coherence of the UN development agencies in the field of health; for addressing the causes of NCDs; and for enhancing standardized measurement and accountability. This lays the basis for the institutional arrangements for better governance for health.

FINANCING THE SDGs

7 The SDGs are affordable...

Many critics point to the UN's estimate that the SDGs will cost between US\$ 3.3 and US\$ 4.5 trillion a year to achieve as evidence of their unaffordability.⁷ However, the SDGs are affordable, but with important caveats.

First, like any normative framework the aim is for progressive realization. Countries will proceed at their own pace given the availability of resources. In the case of the SDGs this point is reinforced by the emphasis on national target setting. Second, even though estimating the costs of some of the more aspirational targets will remain highly imprecise, some goals, including Goal 3, can and should be costed more accurately. Third, the SDGs will not be primarily financed from aid budgets (a concern that often prompts the affordability question in the first place). In fact, despite the large increases in development assistance for health during the MDG era, the average low-income country still financed 75% of its total health expenditure from domestic resources.

As noted above, development assistance will remain important for some countries, but their number is likely to decrease, so that aid spending in the coming years will be more concentrated in a few, fragile, least developed countries.⁸ Of growing concern in regard to these countries will be the better integration of humanitarian and development assistance. In too many instances, sustainable recovery and the development of more health systems that can mount an all-hazards approach to health security have been compromised by the hiatus that occurs when short-term humanitarian assistance ends and longer-term development is late or support fails to materialize.

8 ...but the jury is still out on how the SDGs will influence financing for health

The economies of many low- and lower-middle-income countries are expected to continue relatively rapid growth rates in the foreseeable future. Country capacity to raise and spend funds domestically will be further enhanced if statements of intent made in Addis Ababa to make tax systems more efficient nationally are realized; if measures to combat tax evasion and illicit tax flows globally are effective; and if partnerships with private sector entities align investments with the principles of better health and sustainable development.

Looking at health more specifically, the key question is whether the SDGs will change established patterns of spending *within* the sector. While NCDs do not threaten global security, as AIDS or pandemics have been predicted to do, the increase in NCDs in low- and middle-income countries threatens to overwhelm fragile health systems unless rapid investments in prevention and promotion are made. So far, however, there are few signs of a shift in development assistance actually happening. NCDs are still seen as competing for health funds by development assistance agencies (despite the need for intersectoral action) and the growing interest in health systems arguably has more to do with concerns about health security than universal health coverage and people-centred care.

A preliminary conclusion therefore is that if the SDGs are to cause a fundamental change in the pattern of health financing, the onus is on domestic budgets to make this happen. While this trend is desirable and consistent with the idea of self-reliance, growing pressures from global partnerships to increase "counterpart funding" in their specific areas of interest may limit governments' financial room to manoeuvre.

FOLLOW-UP AND REVIEW

9 Monitoring the health goal is as important as monitoring individual targets

The annual review of progress by the HLPF for Sustainable Development under the ECOSOC and the four-yearly reviews by the UN General Assembly will be informed by reports on SDG progress prepared by the UN Secretary-General. If the purpose of this process is to enhance accountability for commitments made at the UN General Assembly, it is critical that the high-level picture is not lost in detailed reporting on targets and indicators.

The process for follow-up and review is described in the SDG declaration. With 169 targets and potentially well over 200 global indicators, including 20 or so for the health goal, this will inevitably be complex. A further risk, therefore, is that a legitimate concern for accountability results in too many demands for data, and that the process will fail to gain support, particularly in those countries that already feel over-burdened by existing reporting requirements.

For the health goal, many existing reporting systems can be used to monitor individual targets. Moreover, the SDG agenda offers an opportunity to rationalize the reporting requirements contained in multiple WHA resolutions. The key risk, however, is that current efforts to develop indicators, assess progress and hold governments and others to account focus exclusively on individual targets, ignoring the big picture, the interrelations between goals and targets and, particularly, equity.

Several overarching indicators can serve the purpose of monitoring progress toward the health goal, including life expectancy, the number of deaths before age 70 years,⁹ and healthy life expectancy. If it could be measured reliably, healthy life expectancy captures both mortality and years of life lived in less than good health (that is, with a disability).¹⁰ However, challenges remain with regard to the availability of data that are comparable over time and across populations, and which allow progress in reducing inequalities to be tracked.

10 There will be a growing focus on accountability at country level

Much of the world's attention to the MDGs has been based on aggregate global and regional achievements. The declaration makes it clear, as noted above, that global monitoring will remain important for the SDGs – albeit posing major challenges to graphic artists, report designers and meeting organizers as to how it will be presented in a digestible fashion.

In contrast to the MDGs however, the SDG declaration puts much greater emphasis on country and regional follow-up and review processes, as the basis for accountability and remedial action. Given the more political nature and breadth of the SDG agenda, one can assume that civil society and others will use the SDGs to hold their governments to account.¹¹

Again in contrast to the MDGs, it is inevitable that social media – through civil society and a hyper-connected generation of socially concerned advocates – will play an important role, initially in determining whether the SDGs gain public traction, and assuming that they do, in insisting on greater accountability.

It is thus not hard to imagine how the SDGs, in addition to being the subject of country-level monitoring of specific health targets, will also be used to provoke debate about a country's position on inequality of income or in health, on migration, on access to medicines and many other factors that impact on health. Whilst sticking to its concerns for health and equity, WHO needs to be ready to handle demands for more detailed scrutiny of country performance, and to provide the comprehensive analyses needed by national governments and regional bodies.

FINAL REFLECTIONS

The SDG health goal and the 13 targets, as well as the multiple health-related targets in other SDGs, provide a good basis for discussion and actions to improve health for all at all ages in all countries. The set of health targets is comprehensive and builds upon a wide array of recent World Health Assembly resolutions, WHO and other global plans of action and current country health strategies. The health targets within the SDGs cover all the main priorities in the WHO 12th General Programme of Work 2014–2019.

The health targets per se are likely to galvanize action in many programme areas. The achievement of individual targets will remain critical, but the higher ambition will require thinking about the SDGs as an “integrated and indivisible” agenda, in the way that they are intended. A focus on UHC, as the target that underpins all other targets, and greater emphasis on the strategic and operational interactions with the social, economic and environmental dimensions of sustainable development are two central pieces of the new health agenda. The SDGs also provide a new and exciting opportunity for strengthening governance for health and interaction with policy processes in other sectors at global, and increasingly, at regional and country level. It is also essential to revisit and reshape the architecture for global health, particularly in relation to health security and the development of global public goods.

The SDG agenda now requires that the focus of global health be geared to a broader set of national priorities in health and related sectors. This means that all global health partners should adapt the timing and the structure of planning to reflect a more country-driven agenda in health. This should also ensure adequate resource allocation for health governance, health systems development and cross sectoral work that is implied by the new agenda.

While WHO will continue to work closely with other partners in the UN family and beyond, and target-specific work is likely to continue and be strengthened, WHO is the only global agency with the mandate to cover the whole health agenda. This requires that WHO maintain and strengthen the core functions in the 12th General Programme of Work, particularly in terms of defining indicators and improving ways of measuring and reporting on progress; supporting countries to generate necessary funding; advising on best-buy interventions, implementation and delivery strategies; and defining research priorities.

The breadth of the SDG health agenda under Goal 3 and the range of health determinants reflected in the full set of goals poses an importance governance challenge: how to tell a coherent story about whether health is improving? Within the overall UN framework for SDG follow-up and review of progress the WHO governing body meetings should play a key role. Using the MDG review methods that focused on target level achievements will be unwieldy for the SDG, even just for the 13 health targets. A framework for reporting by WHO in collaboration with relevant UN agencies and review with five components is suggested in Box 9.1.

Box 9.1

Summary framework for reporting on the health SDGs

Summary measures of health and well-being using healthy life expectancy or premature mortality as discussed earlier.

Progress toward universal health coverage underpins the achievement of all other health targets under Goal 3. UHC is relevant and an issue of concern in all countries, and there is now a framework that can be used to measure progress towards it using coverage and financial protection indicators disaggregated by socioeconomic and other key determinants.

Progress in reducing health inequity across the life course drawing on overall data and data from specific targets.¹²

Progress towards the health targets, framed as part of an overall assessment of progress towards the SDGs.

Focus on selected determinants and trends that influence health, reflecting the linkages between health and other SDGs, including a summary of capacities related to health security, and a qualitative assessment of changes in health architecture and health governance. This part of the framework can be *customized* annually to include issues deemed to be of particular regional and/or global relevance.

Even though many of the SDGs do indeed lack precision, are hard to achieve, have a staggering number of targets, of which many are difficult to measure; importantly they reflect issues that are of critical importance to people and the planet. The SDGs may have profound implications for countries and regional and global agencies, including WHO. They provide an opportunity to demonstrate that the goal of healthy life and well-being for all at all ages is more than the sum of the individual targets that contribute to their achievement. The integrated nature of the SDGs provides new legitimacy for addressing the wider determinants of health, while offering a basis for discussing (among other issues) the importance of peace and security for health, the need for better governance, the impact on health of growing inequities, and the importance of putting people rather than diseases at the centre of strategies to improve health.

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- 8 While this point reflects the received wisdom – see for example: Kharas H, Prizzon A, Rogerson A. *Financing the post-2015 Sustainable Development Goals: a rough road map*. London: Overseas Development Institute; 2014 (<http://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9374.pdf>, accessed 26 October 2015) – many analyses show only a weak relationship between development assistance and economic development, reflecting the real world incentives that continue to guide aid allocation.
- 9 Norheim OF, Jha P, Admasu K, Godal T, Hum RJ, Kruk ME et al. Avoiding 40% of the premature deaths in each country, 2010–30: review of national mortality trends to help quantify the United Nations Sustainable Development Goal for health. *Lancet*. 2015;385(9964):239–52 (<http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2814%2961591-9/fulltext>, accessed 16 September 2015).
- 10 Europe 2020 – for a healthier EU. Brussels: European Commission (http://ec.europa.eu/health/europe_2020_en.htm, accessed 16 September 2015).
- 11 See for example: Mirchandani R. What will America do differently once it signs on to the SDGs? – Podcast with US Chief Negotiator Tony Pipa. *Blog of Center for Global Health Development*. 31 August 2015. (<http://www.cgdev.org/blog/what-will-america-do-differently-once-it-signs-on-to-sdgs-podcast-us-chief-negotiator-tony-pipa>, accessed 26 October 2015).
- 12 Tracking universal health coverage: first global monitoring report. Geneva and Washington (DC): World Health Organization and World Bank; 2015 (http://www.who.int/entity/healthinfo/universal_health_coverage/report/2015/en/index.html, accessed 28 August 2015).