Ministerial Roundtable: Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC)

The Sustainable Development Goals (SDGs) were adopted by the UN General Assembly in September 2015. This Ministerial Roundtable will discuss developments over the last year, explore how Member States are tackling this ambitious development agenda, and how it can be used to accelerate improvements in health.

The SDGs call for an integrated approach to sustainable development, with a focus on the most vulnerable: “leave no one behind”. The Roundtable will consider how countries are building on lessons learned from the MDGs. It will discuss how Universal Health Coverage (UHC) provides a unified approach to improving access to care, is central to achieving the health SDGs, and will explore countries’ progress in defining priorities, targets and next steps. It will consider ways of working with a range of stakeholders key to making progress on the health SDGs, including communities, non-State actors and other sectors.

The High-Level Preparatory Meeting held in WHO Regional Office in New Delhi from 11–14 July 2016 reviewed the attached working paper and made the following recommendations.

**Actions by Member States**

1. Reflect upon lessons learned from the MDGs applicable to the SDG; identify obstacles to achieving the health-related SDGs with a focus on UHC, and define priorities, targets and next steps for a more unified approach to improving access to care including through community engagement.

2. Share ideas on new ways of working with other sectors, non-State actors and development partners.

**Actions by WHO**

1. Continue to refine the agenda and background document for RC69; frame the questions to be addressed and propose practical follow-up.
(2) Consider holding a regional consultation on the monitoring and evaluation framework for the health SDGs, following the Regional Committee session.

This Working Paper and the HLP Meeting recommendations are submitted to the Sixty-ninth Session of the WHO Regional Committee for South-East Asia for its consideration and decision.
Introduction

1. The 17 Sustainable Development Goals (SDGs) were adopted in September 2015 at the UN Special Summit on Sustainable Development. The time horizon is the 15-year period of 2016–2030 (Annex 1). The goals emphasize an integrated approach to sustainable development with a focus on the most vulnerable: “leave no one behind”. Attention is now on implementation, i.e. how to take this ambitious agenda forward in countries.

2. The health goal of the SDGs – SDG3 – reflects today’s health needs in the SEA Region, as it addresses noncommunicable diseases, social and environmental determinants of health as well as the unfinished MDG agenda. It includes targets related to health systems and to universal health coverage (UHC).

3. Universal Health Coverage (UHC) has a central place in the SDGs. UHC is about ensuring that all people get the care they need, without suffering financial hardship. The Summit Outcome Document states that progress on UHC is key to achieving SDG3. This message was reinforced at the Sixty-ninth World Health Assembly (May 2016) and a South-East Asia Regional Consultation on the SDGs and the role of UHC in New Delhi in March 2016.

4. Improvements in health will benefit from, and contribute to, many other SDGs. These include the targets related to poverty, hunger, education, gender equality, clean water and sanitation, decent work and economic growth, sustainable cities and communities, climate action and partnerships.

5. The SDGs are a real opportunity to accelerate progress in health. The question is how to best use this opportunity. Does it mean changing priorities, or is it more about changing how countries and development partners work together on these priorities?

6. The objective of this Ministerial Roundtable is to explore how thinking about SDG implementation, the role of UHC, and priorities, targets and next steps are taking shape at regional and country levels. When ministers of health discussed the SDGs at the Sixty-eighth session of the Regional Committee for South-East Asia in 2015, the focus was on the status of negotiations and the place of health within the SDGs.

Current SDG challenges, issues and responses in the South-East Asia Region

7. Many are still being left behind in terms of health and health services. In the SEA Region, despite substantial progress in health during the MDG era, an estimated 130 million people still lack access to one or more essential health services. And at least 50 million people are impoverished as a result of health-care costs.

8. By definition, UHC focuses on leaving no one behind. It can foster more integrated action across the range of SDG health targets. SEA Region Member States are long committed to UHC, and no country is starting from zero. This makes UHC a tangible and practical way of taking the health SDGs forward. Progress is possible but gradual.

9. Much is already happening in the SEA Region to extend services: to more people; to extend the range of services offered; and to extend financial protection. Many examples were provided
at the Regional Consultation on Health, the SDGs and the role of Universal Health Coverage: next steps in the South-East Asia Region, on 30 March–1 April 2016.

10. **Better information is needed on who is being left behind, and why.** New techniques and information and communication technologies offer opportunities to do this better.

11. **Frontline services are key to reaching vulnerable groups,** and to responding to new health needs. Fresh thinking is urgently needed on alternative frontline service delivery models, and associated health workforce needs. More documentation of experience is needed. Improved quality of care is critical if the use of frontline services is to increase. More harmonized approaches to quality improvement would be beneficial.

12. **Working with non-State providers may help address some aspects of exclusion.** At the same time, this needs to be well managed to avoid an unwanted increase in out-of-pocket expenditures that may expose people to the risk of financial hardship. Medicines – especially for noncommunicable diseases – are another major source of out-of-pocket payment which needs attention, for example, in discussions about the design of benefit packages.

13. **Within the health sector, better linkages are needed across programmes,** in order to make progress and use resources equitably and efficiently. There are important opportunities with the changes in international development assistance patterns, and with the resolution at the Sixty-ninth World Health Assembly on integrated, people-centred service delivery.

14. **Stronger linkages between health and other sectors are needed for sustained progress in health.** Exclusion cannot be properly tackled without addressing a range of risk factors and social determinants of health. This is not easy, nor new. There is a long record of experience with national development plans and the Health in all policies approach, and some experience in multisectoral bodies such as Health Commissions. Questions include: have these been useful? are new approaches emerging?

15. **Furthermore, greater community engagement and empowerment will be needed to advance the SDGs,** including SDG3.

16. **The framework for monitoring the 17 SDGs has 169 targets and 230 indicators.** There is more emphasis on monitoring equity and therefore on disaggregated data, which is not commonly available in the SEA Region. The health SDG is relatively well off in terms of measurable targets compared with other SDGs. There are 13 health targets and 26 indicators for the health SDG; most come from existing internationally agreed indicators. Countries are free to set their own targets. At present, it is uncertain how national targets will be reflected in global and regional reporting, but it is an important principle. The challenge remains how to minimize the reporting burden while maximizing the quality and use of data for national policy, planning and management.

17. **SDG reporting can be used as an opportunity to strengthen national monitoring and accountability mechanisms,** including for making further improvements to civil registration and vital statistics, routine health information systems and surveys.

18. **Discussions about financing for sustainable development focus on the role of domestic financing,** compared with the MDG era.
The Way forward

19. **National SDG consultations: a useful first step.** These can explain and help “demystify” the SDGs to a wider national audience. They provide an opportunity for those in the health sector to understand the bigger SDG picture. Representatives from national coordinating bodies could usefully participate in health SDG meetings. The consultations can help define priorities and outline practical next steps, including the role of civil society, NGOs and the private sector, and whether new SDG-focused institutional mechanisms are needed in health (such as a national steering committee for SDG3). Consultations have taken place in several SEAR countries already.

20. **Integrate the SDGs into national plans.** The areas covered by the SDGs are not new. What is new is that the SDG agenda argues for a more integrated approach to the delivery of services. SDG-related priorities, targets and activities need to be agreed and then embedded in national health and development plans. There are examples of this happening already.

21. **Use UHC to promote a unified approach to improving access to care.** On the whole, frontline services are located nearer to hard-to-reach groups than secondary or tertiary care. Moreover, whether one is young or old, it is quite common to have more than one health issue at the same time. There is an opportunity to consider how frontline services can deliver more ‘integrated care’. Many countries are already expanding frontline services to address the unfinished MDG agenda and the rise in noncommunicable disease. Improved quality of those services is critical. To deliver safe and effective services, continued attention will be needed on health workers and medicines. The emerging SEAR regulators’ network will be a platform to promote communication and cooperation on regulation of medical products. There is growing experience with strategies to improve financial protection.

22. **When addressing determinants of health, build on real achievements.** Achievement of several of the health SDG targets will depend on political decisions and policies in other sectors, for example, NCD risk factors, nutrition, access to medicines, road safety. However, experience shows that it can be difficult for ministries of health to influence other sectors. Mobilising support for specific issues where progress is possible, and then building on those achievements, is a practical way to proceed.

23. **Keep the spotlight on excluded populations.** Equity, a focus on the poor and disadvantaged and the notion of leaving no one behind is one of the strongest messages in the whole SDG agenda. One of the strongest findings at the Regional Consultation on the SDGs and the role of UHC concerned excluded populations: ethnic minorities, migrants, mobile populations, refugees and urban poor.

24. **Take a fresh look at the way partnerships with civil society, NGOs and the private sector can help in achieving the SDGs.** In this Region, the private sector is large, diverse and growing – for example, in health service delivery, in health workforce education and in diagnostics. Some NGOs have a good track record in reaching stigmatized groups and under-served populations. Civil society can be very effective in influencing policy decisions in other sectors – for example, food marketing or access to medicines. Exploring new forms of collaboration – through which these actors could benefit public health – could pay dividends.

25. **Measurement of progress and results: increase attention to accountability.** There is much concern about the burden of monitoring for the SDGs, but there is also much to build on.
One near-term action for Member States is to define national targets for SDG3 indicators. New ICT developments and information platforms such as DHIS2 are already widespread in SEAR. A five-point Measurement and Accountability for Health: Call to Action, is already guiding action on information systems strengthening in many countries in the Region. However, the existence of information does not automatically lead to accountability. A last message is therefore to ensure information is made available in the right form to those who can exercise oversight.

Conclusions

26. The SDGs are ambitious but also an opportunity for accelerating improvements in health. The roundtable discussion is timely. Countries are already taking action on the SDGs: priorities are being defined; in some countries, national consultations have been held; in others, SDG committees at head of government level have been created, to work across sectors, for example, on risk factors and social determinants of health. However, some development partners are still focused on the MDGs. WHO can help change that.

27. Focusing on UHC is a useful way to move the health SDG agenda forward. UHC is concerned with equity, and many people are still ‘being left behind’ e.g. those in insecure and remote areas, and migrants. Better information is needed. Actions to advance UHC must be tailored to different country situations, and recognise progress is gradual. Action is needed on frontline services (including health workers and access to medicines), to improve access to care for new health needs, as well as on financial protection and financing. In some countries, health budgets are rising.

28. Progress on the SDGs and on UHC will require action beyond ministries of health. For the SDGs and for UHC, simplified monitoring and stronger national information systems are needed, with more emphasis on monitoring equitable progress and results.

29. The Ministerial Roundtable is invited to discuss steps being taken by countries to implement the health SDGs and universal health coverage. Possible points for discussion:

- **Looking back**, what lessons have been learned from the health MDGs that are applicable to defining practical country action on the health SDGs?
- **Looking forward**, what country priorities, targets and next steps have been agreed for achieving the health SDG, with a focus on UHC?
- **Which ideas are emerging for effective ways of working with stakeholders** that are key to implementing those priorities, including communities, non-State actors, other sectors and international development partners?
Annex 1

Health in the SDGs

GOOD HEALTH AND WELL-BEING

ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES

1. NO POVERTY
2. Zero Hunger
3. Good Health and Well-being
4. Quality Education
5. Gender Equality
6. Clean Water and Sanitation
7. Affordable and Clean Energy
8. Decent Work and Economic Growth
9. Industry, Innovation and Infrastructure
10. Reduced Inequality
11. Sustainable Cities and Communities
12. Responsible Consumption and Production
13. Life on Land
14. Life Below Water
15. Peace and Justice
16. Peace and Justice
17. Partnerships for the Goals