UN set to change the world with new development goals

Next week, the UN General Assembly will call on member states to bid farewell to the Millennium Development Goals and adopt 17 new Sustainable Development Goals. John Maurice reports.

Lack of ambition is not something the UN can be accused of these days. Over the past 3 years it has been preparing to “transform the world” between now and 2030. On Aug 1, it launched the Agenda for Global Action that set out how this objective would be reached. The agenda called for the attainment of 17 Sustainable Development Goals (SDGs), each with its complement of targets that have to be reached by a specified time. The attainment of these goals and their targets, the agenda document explains, will “free the human race from the tyranny of poverty and want and [will] heal and secure our planet for present and future generations”.

At the end of September, the list of SDGs will be formally presented for adoption by the heads of state of all 193 UN member countries at the UN General Assembly in New York, NY, USA. At the time of writing, no further changes can be made to it.

Few doubt that the world could do with changing but some pale at the enormity of the task. “The world is already changing in many ways”, says Macharia Kamau, ambassador and permanent representative of Kenya to the UN, and coauthor of the agenda document. “The historical progression of our societies over the past 50 years has brought us to a point where we now have an opportunity of doing business differently and these SDGs signal to the world the need to seize that opportunity...”

MDGs versus SDGs

On Jan 1, the SDGs will replace the Millennium Development Goals (MDGs), which have been in place since 2000. “The MDGs”, says Kamau,

“were definitely not as ambitious as they should have been. They didn’t strain the intellectual and moral resources of countries as they should have. And yet they achieved great things.” The “great things”, in the view of most development observers, include a substantial drop in extreme poverty and chronic hunger, in the deaths of young children and of women in pregnancy or childbirth, and in the incidence of AIDS. But not all the MDGs have achieved their purpose and not all their targets have been reached.

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In a recently published stock-taking statement, UN Secretary-General Ban Ki-moon enumerates some of the unfinished business he will be handing over to the SDGs: “The world’s poor remain overwhelmingly concentrated in some parts of the world. Too many women continue to die during pregnancy or from childbirth-related complications. Progress tends to bypass women and those who are lowest on the economic ladder or are disadvantaged because of their age, disability, or ethnicity. Disparities between rural and urban areas remain pronounced.”

Apart from the number of goals (eight for the MDGs vs 17 for the SDGs) and the number of targets that support the goals (21 vs 169), development experts point to notable differences in content between the two sets of goals. The SDGs, with more leg room, were able to broaden their focus beyond the traditional development goals of poverty, hunger, health, and education covered by the MDGs. The SDGs have added several areas of concern, such as economic growth, environmental protection, peace, justice, and accountability (panel 1). And, unlike the MDGs, they were developed after wide consultation with people from all sectors of society (panel 2).
We were still under a culture of silos—understanding and acting on our own mandates and interests. In the early days when we were preparing the MDGs, everyone was fixated on the rest. During the discussions in the UN Secretary-General office on the MDGs, which devoted three of their eight goals to health, a closer look shows that the single overarching MDG health goal has 13 (nine main and four additional) targets, which cover not only the targets of the MDG health goals—child and maternal mortality, reproductive health, and HIV/AIDS, malaria, and “other” (unnamed) major diseases—but also health concerns sorely missing from the MDGs in the view of many health observers, such as non-communicable diseases (NCDs), mental ill health, road accident injuries and, most importantly, universal health care, which the SDG agenda regards as essential for promoting physical and mental health (panel 3).

To many observers, perhaps the most distinctive and innovative attribute of the SDGs is its basic principle of interconnectedness. “No goal stands alone”, says Amina Mohammed, special adviser to the UN Secretary-General on post-2015 development planning. “Every goal is inextricably linked to the rest. During the discussions in the early days when we were preparing the SDGs, everyone was fixated on their own mandates and interests. We were still under a culture of silos and of silos within silos, especially the health and education sectors. I think the integration principle will prove to be the toughest challenge in the coming years.” Jeffrey Sachs agrees. Professor of sustainable development, professor of health policy and management, and director of the Earth Institute at Columbia University, NY, USA, Sachs is also special adviser to the UN Secretary-General on the MDGs and sustainable development.

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The “new goals”, he says, “cut across all the development lines, such as hunger, poverty, health, education, environmental conservation, infrastructure, job creation, and so on. Governments are going to have to become multi-dimensional, multi-faceted. And that’s going to be difficult. Achieving goals along these lines is going to be much harder than having separate ministries for each line. Governments will have to take on board a holistic framework of the challenges and of the economic, social, and environmental objectives that underpin the sustainable goals.”

**Health at the centre**

A first reaction from observant members of the health community was surprise that only one of the SDG goals dealt with health, unlike the MDGs, which devoted three of their eight goals to health. A closer look shows that the single overarching SDG health goal has 13 (nine main and four additional) targets, which cover not only the targets of the MDG health goals—child and maternal mortality, reproductive health, and HIV/AIDS, malaria, and “other” (unnamed) major diseases—but also health concerns sorely missing from the MDGs in the view of many health observers, such as non-communicable diseases (NCDs), mental ill health, road accident injuries and, most importantly, universal health care, which the SDG agenda regards as essential for promoting physical and mental health (panel 3).

“It is clear that health has been given a central role”, says Christopher Dye, director of strategy in the office of the WHO Director-General. “You can see that in the way the 17 goals are mapped out. Yes, there is just one goal that specifically covers health, but if you look at the other 16 goals, health is implicitly linked to just about all of them, such as poverty, financial protection, disaster risks, clean drinking water and sanitation, climate change, and so on. They’re all linked to health.” Dye, however, wonders just how the
main health goal will be integrated with the health strands of the other goals. “I think it will mean that all development organisations are going to have to work more closely together in the future. That’s going to need a lot of tough work and energy.”

On the whole, WHO officials interviewed for this report seemed satisfied with the SDG health agenda. “What we wanted”, says Ties Boerma, director of WHO’s Department of Health Statistics and Information Systems and WHO’s point person for development goals, “was to see that the SDGs addressed the unfinished MDG agenda head on, and they do. We wanted NCDs, mental health, and injuries to be included, and they are. And perhaps most satisfying, universal health care and health systems are getting central attention.” He mentions only two omissions that some WHO officials regret: sexually transmitted diseases and stillbirths.

Concerns raised
A caveat, however, comes from a recent report by Kent Buse, chief of strategic policy directions at UNAIDS, Geneva, Switzerland, and Sarah Hawkes, reader in global health at the Institute for Global Health, University College London, UK. In the paper, they commend the content of the SDG health agenda as “solid” but feel that it gives too little attention to how that content will translate into action. They also express regret that the health agenda does not emphasise the need for strong leadership in ensuring close collaboration between the different sectors of governance that underlie health. They voice concern, too, about a lack of emphasis in the agenda on prevention of ill health, particularly prevention of NCDs, and on the need to combat commercial interests in promoting products, such as sugar, alcohol, and tobacco, which are associated with NCDs. Another failing they see in the agenda is its meagre recognition of the role of civil society, despite the widely acknowledged contribution of civil society to the battle against AIDS and the crucial part it could play in raising awareness of the need to prevent NCDs.

Sachs, for his part, welcomes “the strong commitment of the health SDGs to universal health coverage as a central pledge” but is worried about the degree to which the goals and targets of the SDG agenda will be implemented. “What is deeply missing in the SDG agenda is concern about the financing of countries’ health systems”, he says. “If we want to tackle goals, for example, that cover NCDs and under-5 mortality rates, we’re going to need new mechanisms for financing health systems and the many discussions under way on implementation of the SDGs do not yet speak to that need with clarity and specificity.”

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With the multiplicity of health targets running through most of its goals, the SDGs have raised doubts, in some quarters, about countries’ ability to implement these targets. At a recent Global Partners Forum of the Bill & Melinda Gates Foundation in Seattle, WA, USA, several participants reportedly expressed reservations. Mark Suzman, the foundation’s president of global policy, advocacy, and country programmes, is quoted as praising the SDGs but wondering how they could be turned into “a simple message that doesn’t risk dilution or lack of focus”.

Boerma fears that the complexity of the SDG agenda “could be a blue-print for inaction. I don’t think it will be, but I wonder whether the world can handle something as big and I worry a bit about how we are going to speak in concrete terms about progress in meeting these 169 targets.” Other development observers are not fazed by the complexity of the SDGs. “I see the complexity as an extraordinary opportunity to bring together the different development strands which up till now have been separate”, says Dye. “As far as health is concerned, that complexity will force us to think and to act more broadly on the various determinants of health.”

To those who criticise the overall SDG agenda for being too complex, Mohammed points out that “the world has become a much more complex place over the past 15 years...
Panel 3: The nine main targets and four additional targets of the health Sustainable Development Goal (Goal 3)

- 3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 livebirths
- 3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 livebirths and under-5 mortality to at least as low as 25 per 1000 livebirths
- 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 a third premature mortality from non-communicable diseases 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, 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
- 3.10 Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate
- 3.11 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 on the TRIPS [Trade-Related Aspects of Intellectual Property Rights] Agreement and Public Health, 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
- 3.12 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
- 3.13 Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction, and management of national and global health risks

Small price to pay
Mohammed is also concerned about the financial resources that will be needed to implement the SDGs. “With the NCDs now on board, we are looking to transform countries over the next 10 to 15 years and bring them closer to a preventive mode, but what does that mean when these countries are increasingly adopting the lifestyles of the north that are associated with the soaring epidemic of NCDs? A lot of money is going to be required for prevention of these diseases.” Recent estimates by the Sustainable Development Solutions Network (SDSN), a development network created in 2012 under the auspices of Ban Ki-moon and headed by Sachs, suggest that the total cost of adding the SDGs to the current development activities will be around US$2–3 trillion a year over the next 15 years. This sum, Sachs explains, is an estimate of investment needs above and beyond current levels to achieve all the targets of the SDGs. “The heartening thing is that $2–3 trillion is equivalent to a mere 2–3% of the $100 trillion of the world’s annual income. With just that small fraction of global output we could achieve global prosperity and environmental sustainability and all the goals of the SDGs.”

Where complexity could make life difficult, Mohammed concedes, is in monitoring progress towards attainment of the goals and their targets. “Very early on we realised that we were facing major gaps in data. If we don’t have the detailed baseline data that are needed to make decisions, we can’t monitor progress in meeting the goals and we’re going to fall apart.” Gathering even the most basic data, such as numbers of livebirths and deaths by age, sex, and cause, is still beyond the capacity of about 100 countries in Africa, Asia, and Latin America that don’t have reliable vital statistics systems, according to Boerma. “Having good data, for example, to measure reductions in mortality rates for NCDs or road injuries will be difficult in these countries. Even so, the selection of indicators is going to be a tricky process to manage, much trickier than for the MDGs, where monitoring was framed around 21 targets and about 60 indicators. With the 169 targets of the SDGs, the number of indicators is likely to be well into the hundreds.” Work on indicators is underway and the final list is expected in March, 2016.

and the challenges we face are more complex and will take more than a neat set of goals to tackle. What’s more, we’re moving into a paradigm shift where the SDGs will be working from a more complex universal agenda and will be looking at root causes of development problems, not just the band-aid solutions of the MDGs.” As for the 169 targets, which some fear could overburden country officials, Mohammed believes “many countries will choose the targets according to their needs and contexts. Many will improve on some of the targets when they consider the investments they have to make to apply them.”

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He concludes: “The paradox of our time is that we have arrived at unimaginable affluence and yet we still are unable to put aside such a small fraction of that affluence for our children’s survival in the future. For me the issue is not economic, it’s a moral and psychological issue. I know that we can squander more than $2 trillion at the snap of a finger, like the west did in the war in Iraq, to absolutely no avail and actually at great harm. If we really decided to use our resources to solve great global challenges, the cost would be barely noticed but we’d do ourselves and the world a lot of good.”

John Maurice