# The 2030 Agenda and the Sustainable Development Goals: Placing Environmental Health in a Larger Ethical Framework

Arthur Lyon Dahl Ph.D.

International Environment Forum (IEF) http://iefworld.org

Third International Symposium on Ethics of Environmental Health Ceske Budejovice, Czech Republic 28-31 August 2016



#### Synthesis Report of the Secretary-General Outcome document of the Summit

#### The Road to Dignity by 2030: Ending Poverty, Transforming All Lives and Protecting the Planet

Synthesis Report of the Secretary-General On the Post-2015 Agenda, released 4 December 2014

# Transforming Our World: The 2030 Agenda for Sustainable Development

Outcome document of the Summit for the adoption of the Post-2015 Development Agenda, New York, 25-27 September 2015

# Synthesis Report of the Secretary-General

- fundamental transformation is needed in society and the economy
- Sustainable Development Goals (SDGs) define a paradigm shift for people and planet
- inclusive and people-centred, leaving no one behind
- integrate the economic, social and environmental dimensions
- in a spirit of solidarity, cooperation, mutual accountability
- with the participation of governments and all stakeholders

# Synthesis Report of the Secretary-General

Sustainable development must be an integrated agenda for economic, environmental, and social solutions. Its strength lies in the interweaving of its dimensions. This integration provides the basis for economic models that benefit people and the environment; for environmental solutions that contribute to progress; for social approaches that add to economic dynamism and allow for the preservation and sustainable use of the environmental common; and for reinforcing human rights, equality, and sustainability. Responding to all goals as a cohesive and integrated whole will be critical to ensuring the transformations needed at scale.

# Transforming Our World The 2030 Agenda for Sustainable Development

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 accelerating the progress made to date in reducing newborn, child and maternal mortality by ending all such preventable deaths before 2030.... We are committed to the prevention and treatment of non-communicable diseases, including behavioural, developmental and neurological disorders, which constitute a major challenge for sustainable development.

# SUSTAINABLE GEALS





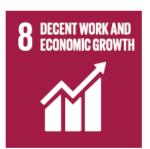
































Health is integrated across the SDGs

# 17 action oriented, global in nature and universally applicable SDGs

- goals that place **humans at the centre**, where environmental challenges represent threats to human health and well-being, and where environmental solutions can reinforce human progress
- goals for environmental resources, processes and boundaries defining **planetary health** on which human well-being and health depend
- goals about transitioning to a **green economy** that builds rather than undermines planetary sustainability
- final two goals on institutional and governance issues and the means of implementation
- 169 quantified targets
- 241 global indicators to measure progress towards the targets

#### **SDG** targets

- Different synergies and trade-offs between goals and targets
- Progress on some necessary to achieve others
- Advancing on some, like continuing economic growth, is incompatible in some cases with others like staying within planetary limits (Nilsson et al. 2016)
- An integrated approach combining all the goals is important
- Different national circumstances require differentiated responses, sometimes in opposite directions, to achieve the global goals
- The environmental health challenges of cities are different from those of rural areas, and of the rich from the poor
- The framework of targets and indicators underlying the SDGs is far from finished

# **SDG** targets

# ICSU/ISSC Review of Targets for the Sustainable Development Goals: The Science Perspective

Of 169 targets beneath the 17 draft goals:

- 29% are well defined and based on the latest scientific evidence
- 54% need more work
- 17% are weak or non-essential
- Many targets suffer from lack of integration, repetition, vague, qualitative language
- need hard, measurable, time-bound, quantitative targets
- goals are presented in 'silos' without interlinking
- danger of conflict between different goals

### Disaggregation

"Sustainable Development Goal indicators should be disaggregated, where relevant, by income, sex, age, race, ethnicity, migratory status, disability and geographic location, or other characteristics, in accordance with the Fundamental Principles of Official Statistics." (General Assembly resolution 68/261).

This should be particularly useful to improve our understanding of environmental health and its determinants and to identify populations at risk.

### Disaggregation

Many of the targets specify that the indicators should cover specific groups of population and other disaggregation elements

Often these groups are those, like the poor and marginalized, women and children, or workers in the informal economy, that usually escape from normal statistical data collection, yet are those that should not be left behind

- "Healthy lives" is the third Sustainable Development Goal
- Many of the SDG targets relate to environmental health
- These are placed in a larger integrated framework encompassing the economic, social and environmental dimensions of human well-being and planetary sustainability.
- The World Health Organization has made a detailed analysis of SDG 3 Health (WHO 2015. Health in 2015: From MDGs, Millennium Development Goals to SDGs, Sustainable Development Goals.)

- 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
- 3.1.1 Maternal deaths per 100,000 live births
- 3.1.2 Proportion of births attended by skilled health personnel
- 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 1,000 live births)
- 3.2.2 Neonatal mortality rate (deaths per 1,000 live births)

- 3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases
- 3.3.1 Number of new HIV infections per 1,000 uninfected population (by age group, sex and key populations)
- 3.3.2 Tuberculosis incidence per 1,000 persons per year
- 3.3.3 Malaria incident cases per 1,000 persons per year
- 3.3.4 Number of new hepatitis B infections per 100,000 population in a given year
- 3.3.5 Number of people requiring interventions against neglected tropical diseases

- 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 of 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 1,000 women in that age group

- 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

- 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
- 1.3.1 Percentage of the population covered by social protection floors/systems, disaggregated by sex, and distinguishing children, the unemployed, old-age persons, persons with disabilities, pregnant women/newborns, work injury victims, the poor and the vulnerable
- 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
- 2.2.1 Prevalence of stunting (height for age <-2 standard deviation from the median of the World Health Organization (WHO) Child Growth Standards) among children under 5 years of age
- 2.2.2 Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5, disaggregated by type (wasting and overweight)

- 4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education
- 4.2.1 Percentage of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being. Disaggregations: sex, location, wealth (and others where data are available)
- 4.2.2 Participation rate in organized learning (one year before the official primary entry age)
- 4.a Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all
- 4.a.1 Percentage of schools with access to: (a) electricity; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) single-sex basic sanitation facilities; and (f) basic handwashing facilities (as per the Water, Sanitation and Hygiene for All (WASH) indicator definitions)

- 5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation
- 5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner, in the last 12 months, by form of violence and by age group
- 5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner, in the last 12 months, by age group and place of occurrence
- 5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation
- 5.3.1 Percentage of women aged 20-24 who were married or in a union before age 15 and before age 18
- 5.3.2 Percentage of girls and women aged 15-49 who have undergone female genital mutilation/cutting, by age group

- 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
- 5.6.1 Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care
- 5.6.2 Number of countries with laws and regulations that guarantee women aged 15-49 access to sexual and reproductive health care, information and education
- 6.1 By 2030, achieve universal and equitable access to safe and affordable drinking-water to all
- 6.1.1 Percentage of population using safely managed drinking water services

- 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
- 6.2.1 Percentage of population using safely managed sanitation services, including a hand-washing facility with soap and water
- 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 substantially increasing recycling and safe reuse globally
- 6.3.1 Percentage of wastewater safely treated
- 6.3.2 Percentage of bodies of water with good ambient water quality

Health-related targets and indicators in other goals

10.4 Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality

10.4.1 Labour share of GDP, comprising wages and social protection transfers

11.5 By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations

11.5.1\* Number of deaths, missing people, injured, relocated or evacuated due to disasters per 100,000 people

Health-related targets and indicators in other goals

# 16.1 Significantly reduce all forms of violence and related death rates everywhere

- 16.1.1 Number of victims of intentional homicide per 100,000 population, by age group and sex
- 16.1.2\* Conflict-related deaths per 100,000 population (disaggregated by age group, sex and cause)
- 16.1.3 Percentage of the population subjected to physical, psychological or sexual violence in the previous 12 months
- 16.1.4\* Proportion of people that feel safe walking alone around the area they live

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

- 16.2.1 Percentage of children aged 1-17 who experienced any physical punishment and/or psychological aggression by caregivers in the past month
- 16.2.2 Number of victims of human trafficking per 100,000 population, by sex, age group and form of exploitation
- 16.2.3\* Percentage of young women and men aged 18-24 who experienced sexual violence by age 18

#### Monitoring the health goal

- Healthy life expectancy would be a suitable single indicator
- Problem of availability of data on population level functional status that are comparable over time and across populations and collected through regular surveys
- Mortality is more amenable to accurate measurement than disease or disability
- Several cause-specific mortality targets are proposed focusing on reducing or ending "preventable" deaths

#### Monitoring the health goal

- Life expectancy is an attractive summary measure of mortality rates
- Achieving major SDG health targets for child, maternal, infectious diseases and NCDs would increase global average life expectancy by 4 years by 2030
- A measure of premature mortality: target to reduce deaths before age 70 by 40% by 2030 globally and in every country
- Challenge of measuring self-reported well-being

#### **Equity in the SDGs**

- Equity is at the heart of the SDGs, which are founded on the concept of "leaving no one behind"
- An ethical approach will be important to win wide public support for the SDG process, and environmental health will be one of the most immediate and relevant goals for the general public

#### **Equity in the SDGs**

- SDG 3 calls for healthy lives for all at all ages, positioning equity as a core, cross-cutting theme
- SDG 10: reduction of inequality within and among countries
- Target 3.8: establishment of Universal Health Coverage, with equal access to health without risk of financial hardship
- A movement towards equity in health requires strong health and health financing information systems that collect disaggregated data about all health areas and health expenditures
- Target 17.8 calls for data disaggregation by a number of stratifying factors, including income, gender, age, race, ethnicity, etc.
- Disaggregated data enable policy-makers to identify vulnerable populations and direct resources accordingly.

#### **Equity in the SDGs**

- MDGs were focused on national progress and on specific populations, notably mothers and children and people affected by HIV, TB and malaria
- The health SDGs address health and well-being at all ages, including in newborns and children, adolescents, adult women and men, and older persons
- The goal to be monitored is much broader, and extended over time
- It will require a comprehensive, life course approach
- Such an approach will also be relevant in monitoring progress towards Universal Health Coverage.

(WHO 2015, p. 10-11)

# Transforming Our World The 2030 Agenda for Sustainable Development

It is "We the Peoples" who are embarking today on the road to 2030. Our journey will involve Governments as well as Parliaments, the UN system and other international institutions, local authorities, indigenous peoples, civil society, business and the private sector, the scientific and academic community - and all people.... It is an Agenda of the people, by the people, and for the people – and this, we believe, will ensure its success.

#### CONCLUSIONS

- The 2030 Agenda and the Sustainable Development Goals are the new framework for a just and sustainable world, integrating environmental health
- They supply a new vision and narrative around which to strengthen unity between countries
- We need creative new approaches to governance and institutional innovation, balancing supranational coordination and subsidiarity as appropriate, while building solidarity and cohesion in implementing the SDGs

#### Thank You

#### International Environment Forum

http://iefworld.org

A written version of this paper is available at: http://iefworld.org/ddahl16h