

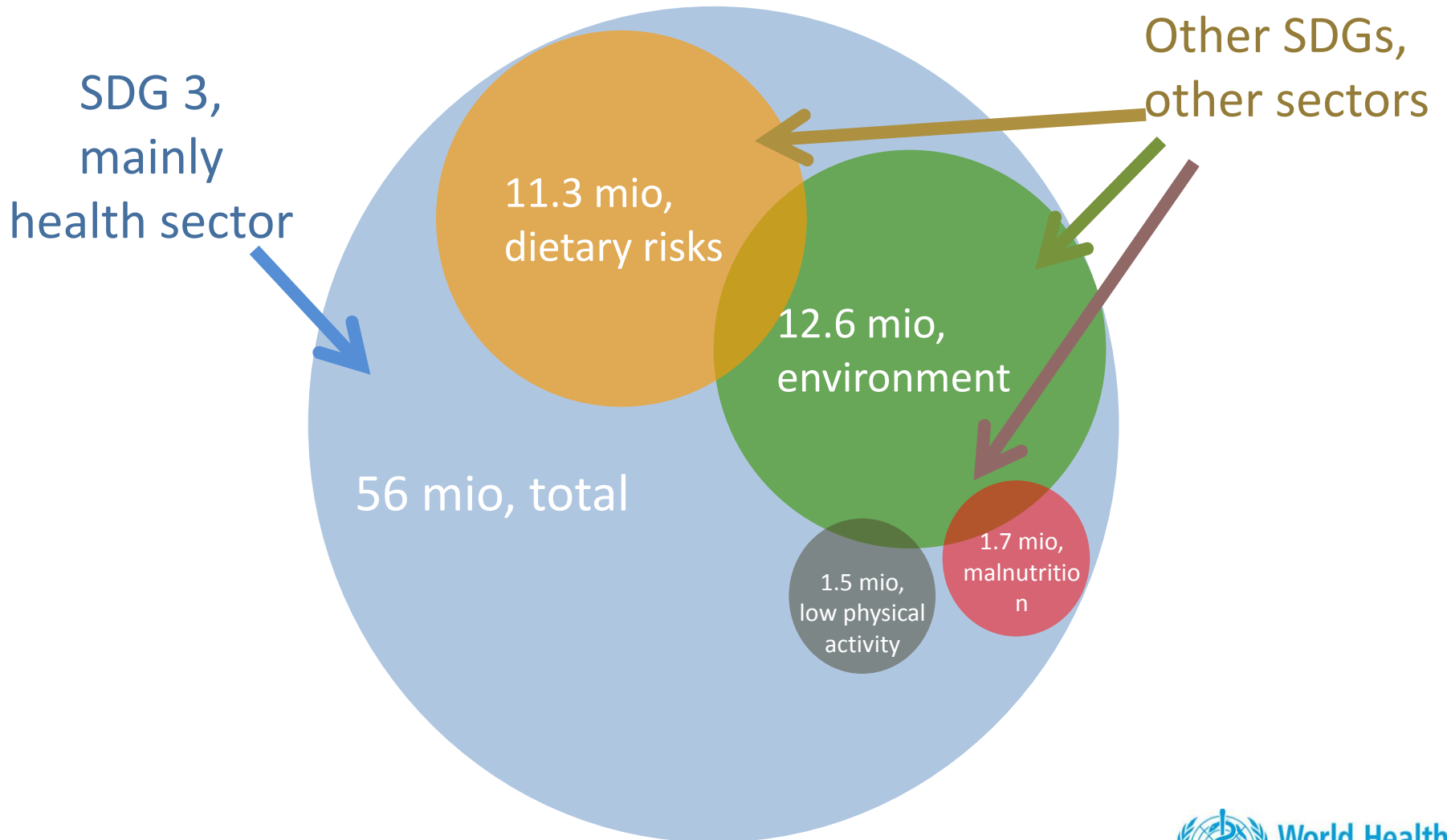


Sustainable Development Goals - a transformative agenda for health equity

Maria Neira, World Health Organization



Global deaths per year



MDGs success in water, stigma HIV/AIDS - SDGs wider scope



‘Why should I get tested?’

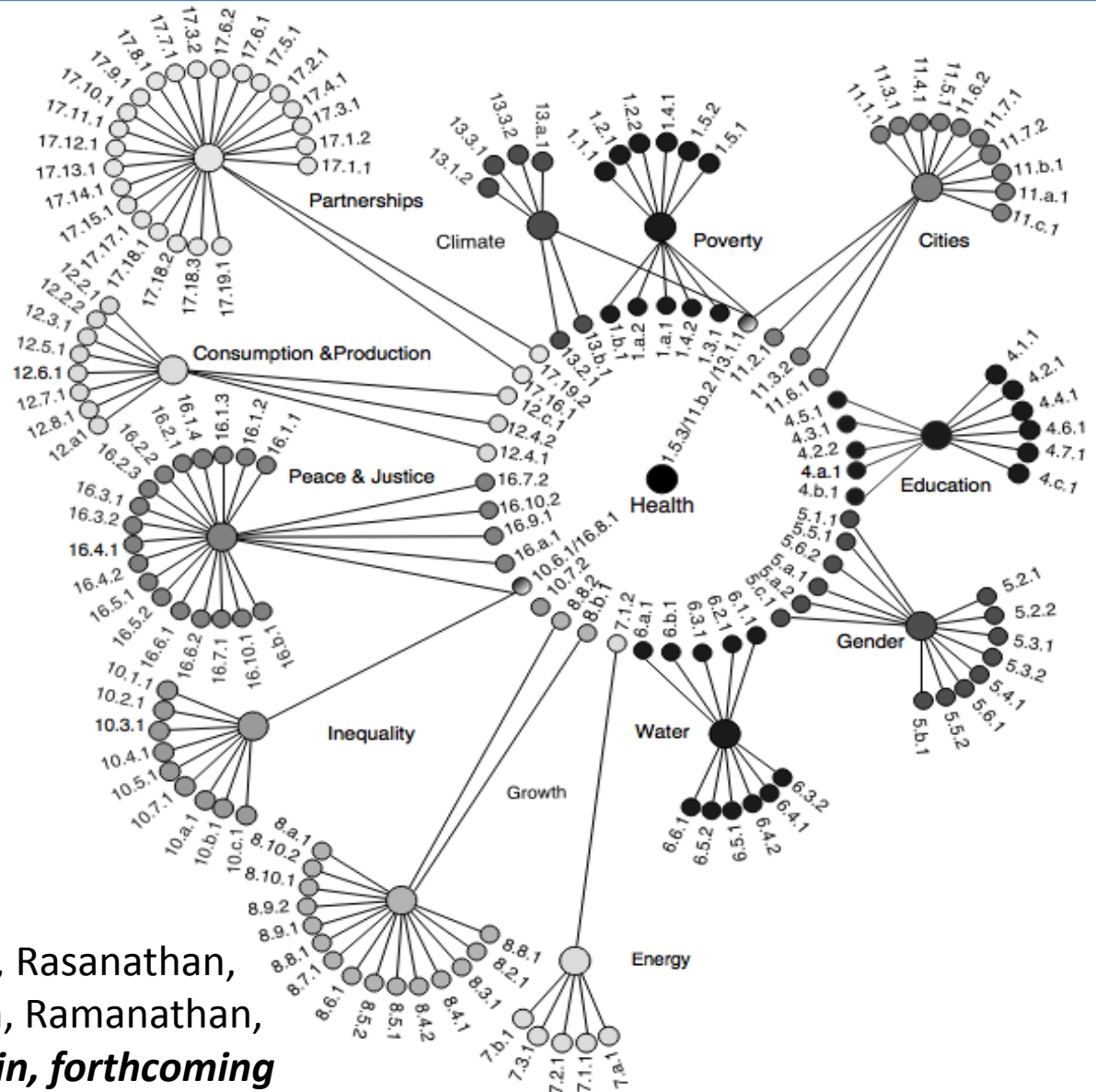
67%* of cases of HIV in Scotland occur among men who have sex with men.

So get tested regularly.

www.hiv-wakeup.org.uk
to find out where you can get tested

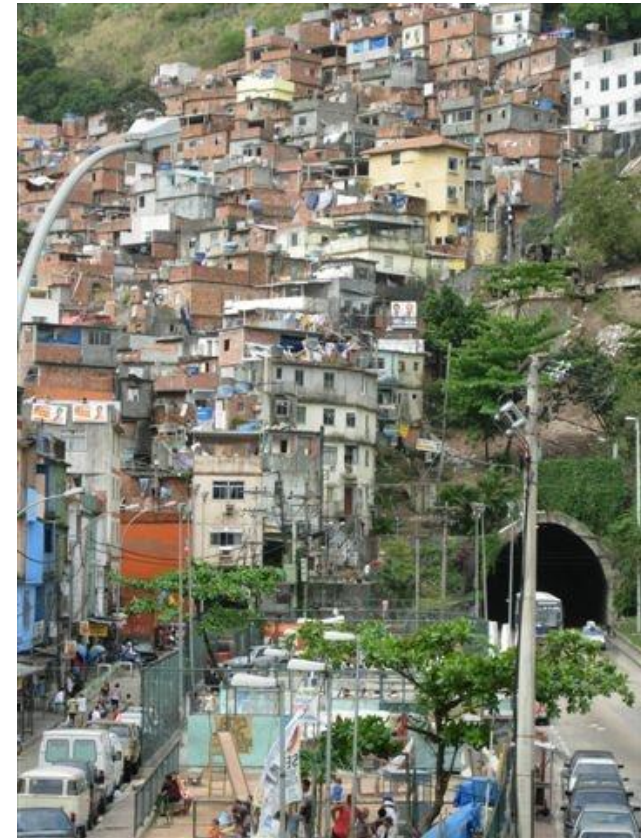
HIV WAKE UP
use a condom and lube

*Health Protection Scotland - HIV infection and AIDS. Quarterly report to 31 March 2015.

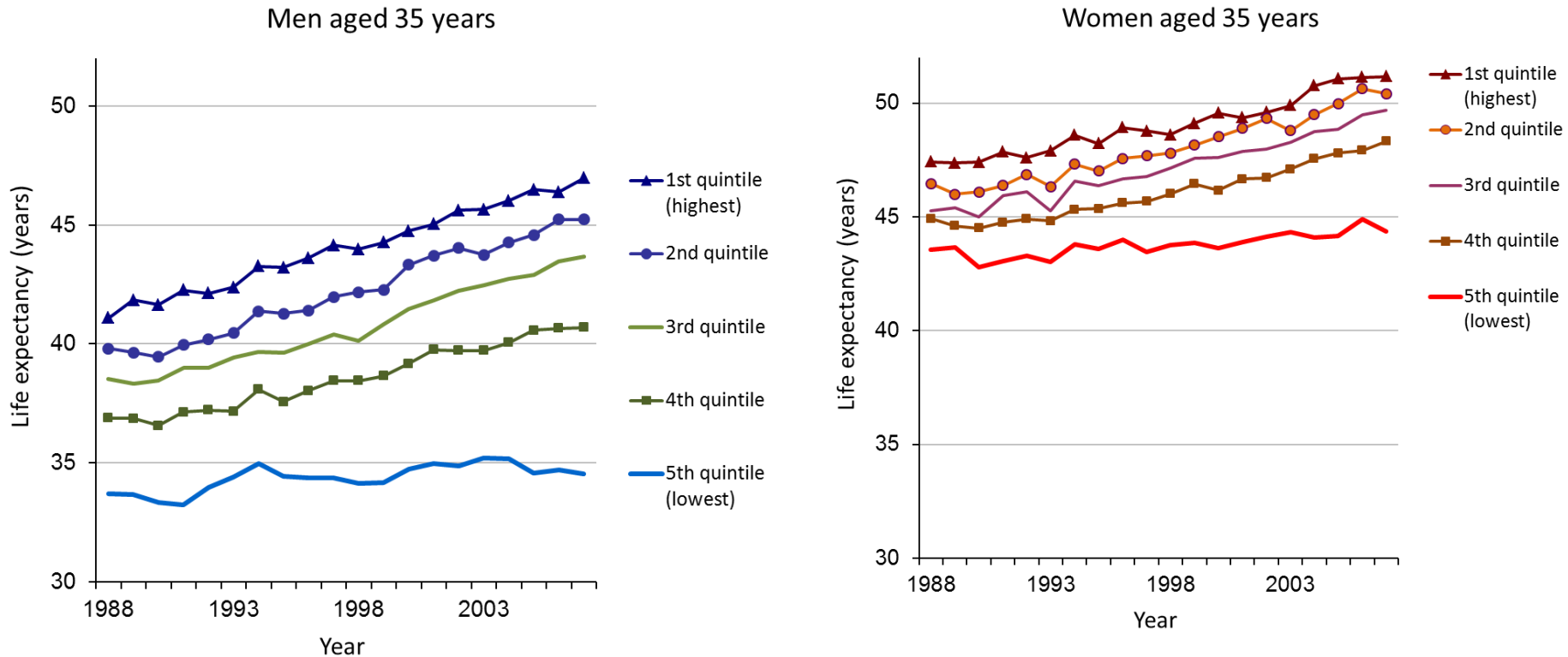


Source: Pega, Valentine, Rasanathan, Hosseinpoor, Torgersen, Ramanathan, Neira et al. *WHO Bulletin*, forthcoming

Inequalities, urbanization



HiAP key to reverse national trends in health inequalities

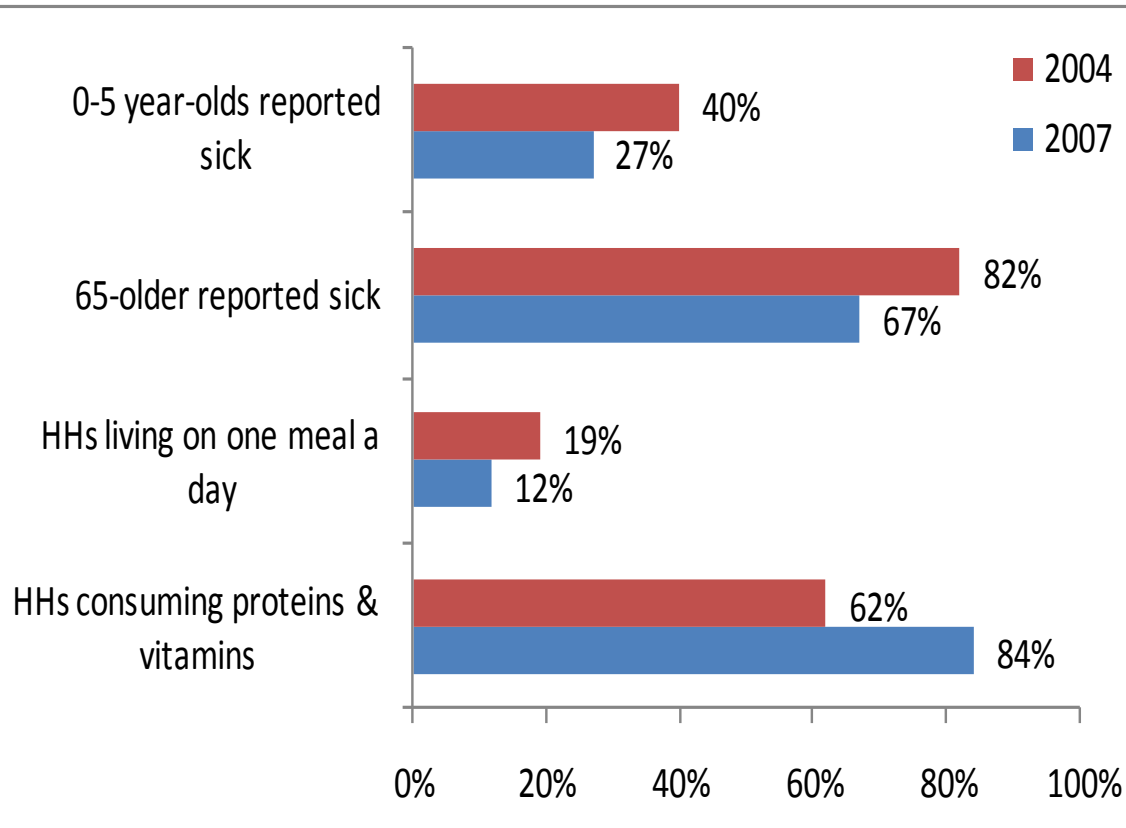


Finland's life expectancy inequalities over 2 decades

Source: Tarkiainen L, Martikainen P, Laaksonen M, et al.

J Epidemiol Community 2011.

Co-benefits for development and equity



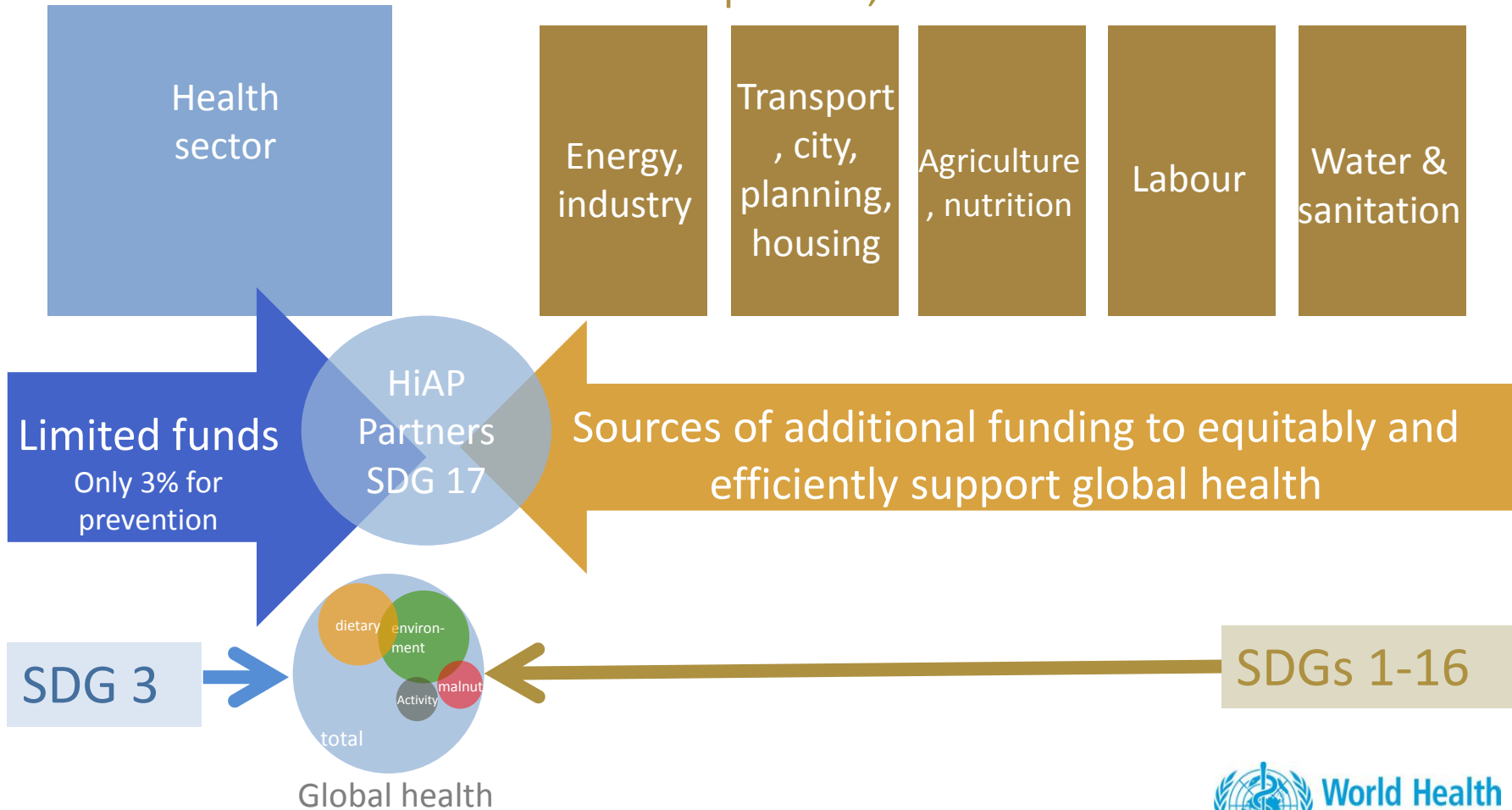
Cash transfers in Zambia

- The Kalomo cash transfer,
- Zambia's Ministry of Community Development
- 70 % impacted by HIV/AIDS; orphanhood among children was 30 % (national average 17 %); 55 % of households heads were aged 65 or more)
- the enrolled population increased their food consumption and reported reduced illness
- By 2014, scaled up to 48,000 households.

SDG opportunities for HiAP

1. HiAP key for primary prevention expenditure, efficiency, equity, HiAP

Other sectors with main health-relevant policies, on which we can act



2. Health co-benefits of integrated policies

Development strategies

Linked public health policies and sustained strategic health advice through Health in All Policies

Inequality strategies

Health sector contributions to population-based policies addressing socio-economic problems (e.g. poverty, migration).

Systems and international treaties

World production, consumption and trade systems, and global phenomena like migration and climate change.

Settings-based strategies

Healthy environments in different 'settings' (e.g., Urban health initiatives).¹

Impacts and co-benefits from healthy environment/ settings

- Compact cities –more public transport use and active transport
- Lung cancer incidence in farmers in Xuanwei, China, decreased by more than 40% if they switched to stoves with chimneys in their homes.³
- In Mexico's Piso Firme initiative of cement floors: reduced children's parasitic infestations, diarrhoea, mental health
- Community-led sanitation partnerships improve health and catalyse local empowerment
- Taxes on foods high in salt, sugar and fat, and on "junk food"; both the effectiveness and their distributional impact is improved by coupling them with subsidies targeting healthy foods or disadvantaged consumers.

3. Leverage SDG 'health'-related indicators custodianship

WHO is the **custodian agency** for the assessment of several SDG indicators within the following goals (number of targets):

- SDG 2 malnutrition (1)
- SDG 3 health (8), health services (4), and health impacts from determinants (3)
- SDG 6 access to water and sanitation (6)
- SDG 7 access to modern energy (1)
- SDG 11 air pollution in cities (1)

4. Opportunities of the environmental treaties

Paris Agreement on Climate Change, Minamata ...

Estimates are that integrated policies to meet targets for energy use, climate change, air quality and health could result in 40% of total costs savings, amounting to US\$ 80 billion annually.

Source: Johansson TB, Patwardhan A, Nakincenovic N, Gomez-Echeverri L, eds. Global Energy Assessment: Toward a sustainable future. England: Cambridge University Press, 2012
WHO EB140/32, Dec 2016, Progress in the implementation of the 2030 Agenda for Sustainable Development.

Thank you for your attention!



Source: *Making Partners: Intersectoral Action for Health* 1988 Proceedings and outcome of a WHO Joint Working Group on Intersectoral Action for Health, The Netherlands.

