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SDGs, health and the G20: a vision for public policy

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Abstract

Ensuring ‘health for all’ remains a persistent and entrenched global challenge. G20 governments are in a position to elevate the priority accorded to health, and acknowledge the centrality of health to attaining the SDGs. The authors call on G20 leaders to build nations that are more inclusive and less divided, by: adopting a Health- in-All-Policies approach, prioritizing the most vulnerable, engaging citizens in policy processes, and filling health data gaps.

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Envisioning a healthier world – why this matters to the G20

In September 2015, 194 countries signed on to the Sustainable Development Goals (SDGs), providing an ambitious, universal and transformational vision. ‘Ensuring healthy lives and promoting the well-being for all at all ages’ (SDG 3) is essential to overall sustainable development, made all the more relevant by the continued emergence of new global health challenges and pandemics like Antimicrobial Resistance (AMR). Despite progress on surveillance and health care innovation, there are still devastating gaps in health outcomes between and within countries. Life expectancy varies drastically between rich and poor, healthcare is not universally accessible, and too many lives are cut short by preventable infectious and chronic diseases. Ensuring ‘Health for All’ remains a persistent and entrenched global challenge. As countries organize their national and local policies, SDGs provide a vision for public policy that can lead to positive change based on evidence and political commitment.

The Hangzhou G20 Leaders’ Communiqué in 2016 mentioned health as an “issue affecting the world economy” and confirmed its contribution to sustainable development but otherwise restricted itself thematically to “explore in an inclusive manner to fight antimicrobial resistance”. Only under the Germany G20 Presidency health received the attention and political leadership it deserves: For the first time, a G20 Health Ministers Meeting was held and the Berlin Declaration[1] adopted, acknowledging the importance of health as well as the scale of the challenge ahead. In particular, the G20 now emphasizes on contributing towards universal health coverage (UHC). The anticipation is that Argentina will continue to address health in its G20 Presidency, but to what extent can all the G20 governments align their national goals and development investment with the SDGs by elevating the priority accorded to health, and by acknowledging the centrality of health to achieving the SDGs? Encouragingly, the desire appears to be there, and in fact the G20 Action Plan lists Global Health as one of the fifteen Sustainable Development Sectors (SDS) [2]. Understanding that the G20 will prioritize sectors of Agenda 2030 where it has comparative advantage and adds value as a global economic forum, it seems important that investment in health reduces poverty, contributes to economic growth, strengthens labor productivity, builds more equitable societies, addresses the need for gender equality, and most importantly, contributes to human development. Consequently, as the G20 Action Plan is updated and adapted to reflect successive G20 priorities until 2030, the Global Health SDS should achieve ever-increasing prominence on the G20 agenda.

In this paper we respond to the above needs, and describe a two-year process whereby regional consultations (Figure 1) have facilitated an evidence-based exchange amongst researchers and practitioners for whom a healthier world is a key dimension of sustainable development. We outline the process by which these consultations originated and were organised, and summarise the key findings that emerged during the dialogues. Based on these insights, the paper articulates a case and a vision for G20 political leadership in which concerted attention is given to catalyzing progress towards the SDGs by recognizing the centrality of health.

The consultations and dialogue – an inclusive, participatory process

In November 2015, 60 global health policy research institutions, researchers and international agencies came together in Geneva to explore what it takes to accelerate the implementation of the health-related SDGs. The participants of the meeting left convinced that the 2030 agenda is only possible with different stakeholders acknowledging the links between the 17 Goals and targets, and working together towards achieving the Goals[3]. After this first meeting, several regional and global events unfolded in 2016 and 2017. These meetings explored the role of policy research institutions, evidence informed policies and meaningful engagement of civil society and citizens in implementation and monitoring of these goals, specifically those that relate to and impact on health. Underlying these consultations was the belief that actions taken by different stakeholders such as academic and policy research institutions are pivotal for the success of implementing the SDGs and achieving the health-related goals by 2030 at national level.

Each consultation brought together at least 50 representatives from ministries of health, civil society organizations, and academic and policy research institutions to identify the needs and challenges of health-related SDG implementation, and provided a space to generate ideas for collective action within countries, regionally and globally. The consultations reinforced the idea that actions must be guided by an intersectoral approach, and it is critical to engage civil society and citizens to generate evidence and to solve health challenges. The regional and global meetings have challenged development donors, researchers and policymakers to shift thinking from global tools to contextualized solutions and targets, and from data collection to co-construction and sharing of knowledge to bring change[4].



Figure 1: Global and regional consultations

Findings from the consultations relevant to the G20 for global health investment

The following findings emerged from the consultations and fora outlined above, as well as some practical suggestions for action.

1. Integrate health in all policies

Health-in-All-Policies is an approach to improve accountability for health impacts at all levels of policy-making[5,6]. It emphasises the consequences of public policies on health systems, and recognizes the influence of social determinants of health on well-being. Given the SDGs' multisectoral nature, Goals are interrelated[7] and each Goal has a relationship to health and wellbeing. Hence, there is an urgent need to consider the impact on health when other Goals are being implemented.

The Shanghai Declaration on Promoting Health in the 2030 Agenda reinforces that good governance at all levels is crucial for better health[8]. This requires investment and action at national, local and global level. Concrete action is needed to address, among others, the damaging effects of unsustainable production and consumption (SDG 12), to give consideration to offset economic policies that create unemployment and unsafe working conditions (SDG 8), to address marketing, investment and trade when it concerns health (SDGs 16 and 17).

Findings from the consultations indicate that this could be achieved through:

Recognising the economic case for health investments, in order to avoid the ongoing challenge of premature mortality and to make significant progress towards achieving sound health for all citizens. Health is central for individuals and households, for national growth and development and it fundamentally contributes to employability and productivity [9].

Acknowledging health as a fundamental human right because building on the economic case alone is insufficient to achieve health for all. The overall goal of leaving no one behind is particularly important for health. It relates not only to SDG 1 on poverty, and SDG 10 on inequalities but to broader exclusion as indicated through, SDG 11, and is closely linked to gender inequalities as indicated in SDG 5. Although extreme poverty has been reduced globally, the inequalities within and between countries have grown and need to be addressed from a human right perspective, along with an economic one. Development researchers, donors and partnerships can play an important role in addressing this challenge [10,11].

Introducing measures to address determinants of health such as education and early child development, as seen already in a number of countries[12]. There is practically no health issue that does not need joint action with other sectors. For example, the agriculture and animal sector need to work jointly to address anti-microbial resistance (AMR). The role of the security sectors is critical in avoiding major disease outbreaks and onward transmission. Non-communicable diseases (NCDs) can only be addressed through action on food systems, private sector, city planning, and health literacy. Child health can be significantly improved if efforts coupled with stakeholders working towards SDG 1 (no poverty), 2 (zero hunger), 4 (quality education), 5 (gender equality), 8 (decent work and economic growth) and 17 (partnerships for the goals) [7].

Furthermore, there are also co-benefits of investing in environmental measures and urbanization to improve people's health.

Making health a discussion in policy arenas and ensuring the cooperation between different ministries of government and policy research institutions[5]. Examples and inspiration from the governments that have already adopted governance processes, new bills and legislation, which include health-impact-assessment [13] should be consulted as part of the adoption of new policies. There are examples of mayors as instigators of health in all policies to address well-being and quality of life in their cities; they are becoming an important global voice towards collective action for health [13].

2. Prioritize the most vulnerable

In several contexts burden of disease, disability and premature mortality is concentrated among the most vulnerable [14]. Cooperation and partnerships on improving the health of the most vulnerable, especially the ethnic minorities, refugees, women and people living in rural areas, has the potential to enhance the legitimacy of international institutions and fora like the G20. Findings suggest that the health of the most vulnerable is prioritized rather than aiming for the “lowest hanging fruit” as a way of demonstrating more rapid success in meeting targets, within the G20 national contexts and in low and middle-income countries (LMICs) where health programming is funded by the G20 countries.

This could be achieved through:

Identifying the most vulnerable populations based on the criteria of health (access and outcomes) as well as wealth (health as human capital). Nations can then show leadership and develop health strategies for these populations. All the dimensions of marginality (availability, accessibility and affordability) should be taken into consideration while designing appropriate policies [15,16].

Adopting and implementing Universal Health Care (UHC) domestically and supporting it in LMICs in the most comprehensive form possible. Exclusions of coverage should be exceptions rather than the norm. UHC is based on the principles of justice and equity and addresses both the social determinants and the social implications of health by acting on the broader socio-economic inequities that leave people behind [17]. UHC is a critical tool to enhance the legitimacy of national governments and reduce the threat of fragility by providing citizens with the health care they need to fully participate in all aspects of life. Evidence based policymaking and strong partnerships (government, research community and civil society) will be needed to ensure that coverage is equitable, and that inequities are avoided in health outcomes. It is equally important that the performance of UHC is continuously measured [15].

Accepting responsibility for the quality of care that the most vulnerable face and acting on the responsibility through the processes within the health systems, and promoting governance for their health, including accountability and transparency. Good health among the most vulnerable can be achieved with governments and other health actors taking a responsible, accountable and transparent approach at various levels of health system governance [18].

3. Engage citizens and communities to generate evidence and find solutions

The SDG mantra of “leaving no one behind” applies resoundingly to the pervasive health inequities that challenge all countries, including the G20 nations. The SDG framework provides a platform for G20 countries to take the lead on a reconfiguration of public policy processes that engage citizens and empower communities inclusively through a whole-of-society approach. Without such a transformative measure the SDGs will not be attained. The 1978 Alma Ata Declaration emphasized the mainstreaming of health equity on the international political agenda and its focus on primary health care and people centered care: “People have a right and duty to participate individually and collectively in the planning and implementation of their health care” [19]. Since then, the concept of primary health care has become a core concept of the World Health Organization’s (WHO) goal of health for all [19].

Engaging communities in decision-making, planning, and implementing programs and policies that are about their own health and well-being leads to citizen empowerment and positive sustainable change [20-23]. However, this engagement needs to go beyond broad participation of citizen groups, as the inclusion of women and the most vulnerable groups in these processes as key stakeholders and agents of change is crucial in addressing health inequities. Citizen knowledge, for example on perceptions of quality of local health care services beyond the provision of data on access to services [24], is essential if we are to not only focus on achieving health outcomes, but also to understand the mechanisms by which these are achieved. Regular dialogue and relationship building between health system actors and service users are central to addressing tensions, changing mindsets and fostering respectful and culturally appropriate health care practices [22].

This could be achieved through:

Encouraging citizen-led ownership of strategies and processes to achieve positive health outcomes. Although citizens in many national contexts are frustrated about the barriers preventing their engagement in the policy- and decision-making processes that affect their daily lives, when spaces are created and the ownership is shifted towards citizens and communities they can mobilise to bring about transformative change. One such example have been the recent efforts to mobilise communities around prevention of spread of Dengue fever in Nicaragua and Mexico [25].

Adding processes and mechanisms to facilitate citizen engagement in data collection, monitoring and feedback mechanisms in order to increase public accountability in solving complex health challenges. There is growing evidence [22] for the value of gathering user evidence of the problems community members experience regarding health care and services. There is increased availability of tested digital technology for G20 countries to implement such feedback mechanisms from their citizens and in the low-middle income countries they invest in.

Working closely with conveners, such as civil society organizations, think tanks or policy research institutions who work with citizens and communities. Such institutions not only bring evidence, data and analysis to bear on health policy issues, but also convene policy dialogues, roundtables, and consultations and provide spaces and platforms where different societal actors,

including government representatives, private sector, and communities, can engage in an informed and inclusive way.

Remaining aware at all stages of the role of citizens in solving health challenges and remaining open to supporting enabling factors mentioned above. Prioritizing and systematically integrating citizens' inputs into decision making and policy processes can lead to sound health policies and to their effective and accountable implementation.

4. Fill the health data gaps

The Global Partnership on Sustainable Development Data (2017) states: “Whether for reasons of convenience, cost, or corruption, important decisions about how money and resources are allocated to services helping the poorest people in the world’s least developed countries are too often made based on data that is incomplete, inaccessible, or simply inaccurate — from health to gender equality, human rights to economics, and education to agriculture” [26]. Access to quality data will make an enormous contribution to progress towards the achievement of the SDGs. However, many countries encounter persistent problems related to health data availability, quality and reliability.

In order to enhance health care coverage, for example, there needs to be an understanding of existing gaps, in particular reliable data on access to medication and health care services, and who is being impoverished because of health care costs. Across and within countries, lack of data comparability remains a challenge to monitoring global progress against the health-related SDG indicators. Better data and statistics will help governments track progress, ensure that decisions are evidence-based and strengthen accountability. A major limitation in this endeavour, however, is the insufficient disaggregation of data at national and sub-national levels. G20 countries will need to find ways to maximize their technical and financial assistance for the collection of internationally comparable data within their own borders as well as in data-deprived parts of the world.

Insights and findings from the consultations indicate that health data gaps could be reduced through:

Investing in well-functioning civil registration and vital statistics (CRVS) systems domestically and via development investments in LMICs. This will provide policy makers with reliable, up-to-date data in real time and at the lowest administrative level of the population. Without a CRVS system registering, at a minimum, all births, deaths, and causes-of-death, policy makers are relying on surveys, censuses and other sources of incomplete data. Health information systems in such settings may fail to capture the entire population, especially the most vulnerable members of society.

Adopting an intersectoral approach to data collection, and putting in place mechanisms to collect data across various actors such as governments, private sector, researchers, policy research institutions and civil society. If citizens and communities are engaged in data collection, contextualized data will be gathered more effectively and will help fill in local data gaps. Liaising with diverse stakeholders will benefit from their comparative advantage in

addressing the health data gap, including with the private sector to ensure that health data collected by business and private companies is more widely available for public policy making processes and that accountability and transparency is increased.

Adopting open access policy to share existing data to address the gaps and to maximize utilization in research and policy-making.

Strengthening the institutions responsible for data collection by understanding their needs and building their capacity to gather, store and analyze data. Institutions should also be strengthened to collect reliable data and ensure quality.

Prioritizing data disaggregation to gather information and monitor progress on vulnerable and marginalised populations.

Conclusions

The consultation findings shared in the paper confirm the approach suggested through the SDG framework. It calls for health-related policy-making that is grounded in robust evidence and analysis, that connects citizens with decision makers, that bridges local with global, and that generates creative yet locally grounded solutions to persistent health problems. It also calls on political leaders and policy makers to clearly recognize the role that a health-for-all approach can play in building nations that are more inclusive, less divided, and less polarized. Inclusive growth and health for all, including health for the most vulnerable, at the core of the agenda, is key to ensuring legitimacy of governments and other actors promoting health. The paper highlights the important roles of different stakeholders in global health in promoting evidence-based policymaking and demonstrates that meaningful partnerships and common vision is a necessity of today. Further analysis will certainly be required to better triangulate these findings within specific contexts. It will also be important to design and test potential ways forward for G20 countries to address these issues, and to ensure that those findings and lessons are shared as widely as possible.

Further questions to be explored:

What brings intersectoral collaboration and what are the mechanisms to sustain it?

How to ensure quality of care is sustained in resource-deprived settings?

References

- (1) Federal Ministry of Health, German. Shared responsibility of G20 partner countries for global health. G20 Germany 2017. Berlin 2017.
- (2) G20. G20 Action Plan on 2030 Agenda for Sustainable Development, Hangzhou. 2016. https://www.bundesregierung.de/Content/DE/_Anlagen/G7_G20/2016-09-08-g20-agenda-action-plan.pdf?__blob=publicationFile&v=3
- (3) Jha A, Kickbusch I, Taylor P, Abbasi K, SDGs Working Group. Accelerating achievement of the sustainable development goals. *BMJ* 2016 Jan 29;352:i409. <https://www.ncbi.nlm.nih.gov/pubmed/26825535>
- (4) Peter Taylor. Achieving the health related SDGs—why we need major shifts in thinking. 2018. The BMJ Opinion. <http://blogs.bmj.com/bmj/2017/12/21/peter-taylor-achieving-the-health-related-sdgs-why-we-need-major-shifts-in-thinking/>
- (5) WHO. The Helsinki Statement on Health in All Policies. 2013. http://www.who.int/healthpromotion/conferences/8gchp/8gchp_helsinki_statement.pdf
- (6) Adelaide statement II. Implementing the Sustainable Development Agenda through good governance for health and wellbeing: building on the experience of Health in All Policies. Adelaide Statement II Outcome Statement from the 2017 International Conference Health in All Policies: Progressing the Sustainable Development Goals 2017. http://www.who.int/social_determinants/SDH-adelaide-statement-2017.pdf
- (7) Blomstedt Y, Bhutta ZA, Dahlstrand J, Friberg P, Gostin LO, Nilsson M, et al. Partnerships for child health: capitalising on links between the sustainable development goals. *BMJ* 2018 Jan 23;360:k125. <http://www.bmj.com/content/360/bmj.k125>
- (8) WHO. Shanghai declaration on promoting health in the 2030 Agenda for Sustainable Development. *Health Promot Int* 2017 Feb 1;32(1):7-8. <https://www.ncbi.nlm.nih.gov/pubmed/28180270>
- (9) Jamison DT, Summers LH, Alleyne G, Arrow KJ, Berkley S, Binagwaho A, et al. Global health 2035: a world converging within a generation. *Lancet* 2013 Dec 7;382(9908):1898-1955. <http://www.thelancet.com/commissions/global-health-2035>
- (10) Neupane S, Boulanger RF, Taylor P. The role of development research funders in promoting equity in research consortia. *The American Journal of Bioethics* 2016;16(10):62-64. <http://www.tandfonline.com/doi/abs/10.1080/15265161.2016.1214316?journalCode=uajb20>
- (11) Pratt B, Hyder AA. Governance of transnational global health research consortia and health equity. *The American Journal of Bioethics* 2016;16(10):29-45. <https://www.ncbi.nlm.nih.gov/pubmed/27653398>

- (12) WHO. Social Determinants of Health. Stories of positive action from around the world . 2018; Available at:
http://www.who.int/social_determinants/thecommission/finalreport/case_studies/en/
- (13) Government of South Australia and WHO. Progressing the Sustainable Development Goals through Health in All Policies. Case studies from around the world. 2017.
http://www.who.int/social_determinants/publications/Hiap-case-studies-2017/en/
- (14) 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 UN Sustainable Development Goal for health. *The Lancet* 2015;385(9964):239-252.
[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)61591-9/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61591-9/abstract)
- (15) WHO. Anchoring universal health coverage in the right to health: What difference would it make. Policy Brief, Geneva: World Health Organization 2015. <http://www.who.int/gender-equity-rights/knowledge/anchoring-uhc/en/>
- (16) Chapman AR. Assessing the universal health coverage target in the Sustainable Development Goals from a human rights perspective. *BMC International Health and Human Rights* 2016;16(1):33. <https://www.ncbi.nlm.nih.gov/pubmed/27978827>
- (17) Universal health coverage with equity: what we know, don't know and need to know. : Montreux: Global Symposium on Health Systems Research; 2010.
http://healthsystemsresearch.org/hsr2010/images/stories/9coverage_with_equity.pdf
- (18) WHO. Health Systems Governance for Universal Health Coverage. Action Plan. Department of Health Systems Governance and Financing. WHO. Geneva. Geneva, Switzerland 2014:14040-14902. http://www.who.int/universal_health_coverage/plan_action-hsgov_uhc/en/
- (19) Medcalf AJ, Bhattacharya S, Momen H, Saavedra MA, Jones M. Health For All: The Journey to Universal Health Coverage. : Orient Blackswan; 2015.
<https://www.ncbi.nlm.nih.gov/pubmed/26378335>
- (20) Freire P. Pedagogy of the Oppressed. 1970. New York: Continuum 1993:125.
- (21) Prost A, Colbourn T, Seward N, Azad K, Coomarasamy A, Copas A, et al. Women's groups practising participatory learning and action to improve maternal and newborn health in low-resource settings: a systematic review and meta-analysis. *The Lancet* 2013;381(9879):1736-1746. [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)60685-6/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60685-6/abstract)
- (22) Hernández A, Ruano AL, Marchal B, San Sebastián M, Flores W. Engaging with complexity to improve the health of indigenous people: a call for the use of systems thinking to tackle health inequity. *International Journal for Equity in Health* 2017;16(1):26.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5319053/>

(23) Gaventa J, Barrett G. So what difference does it make? Mapping the outcomes of citizen engagement. *IDS Working Papers* 2010;2010(347):01-72.

http://onlinelibrary.wiley.com/doi/10.1111/j.2040-0209.2010.00347_2.x/abstract

(24) Grover A. The right to health in the post-2015 development paradigm. *Reprod Health Matters* 2013;21(42):41-42. <http://www.tandfonline.com/doi/abs/10.1016/S0968-8080%2813%2942740-4>

(25) Andersson N, Nava-Aguilera E, Arostegui J, Morales-Perez A, Suazo-Laguna H, Legorreta-Soberanis J, et al. Evidence based community mobilization for dengue prevention in Nicaragua and Mexico (Camino Verde, the Green Way): cluster randomized controlled trial. *BMJ* 2015 Jul 8;351:h3267. <http://www.bmj.com/content/351/bmj.h3267>

(26) Global Partnership for Sustainable Development Data. 2016. <http://gpsdd.squarespace.co>

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