

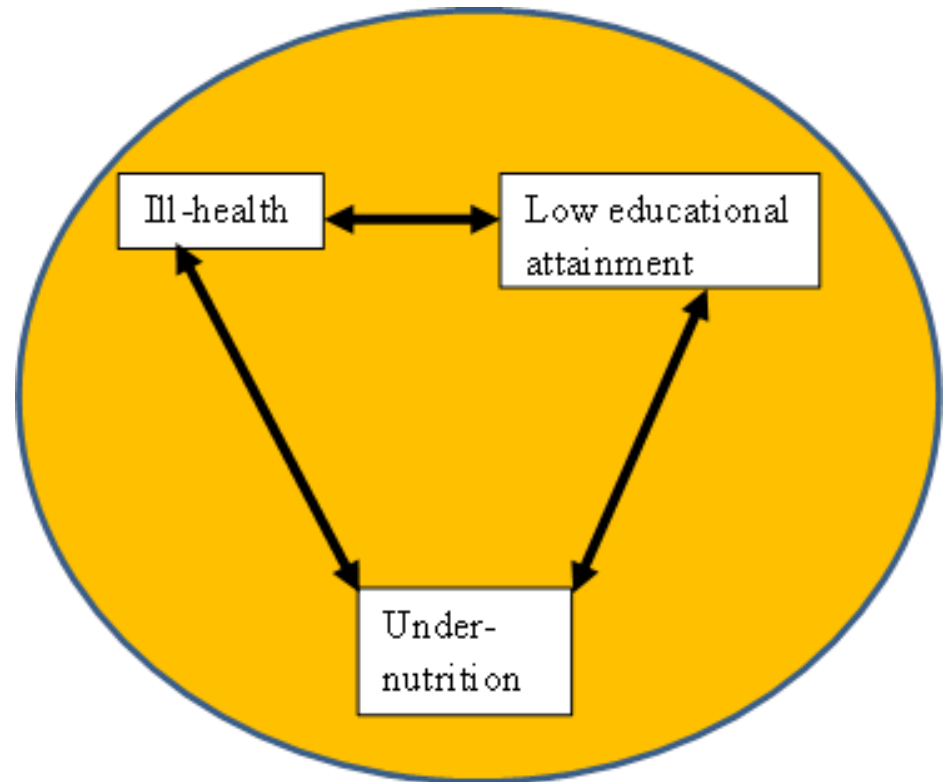
# **Health and Sustainable Development Beyond 2015**

**David Woodward, UNCTAD**

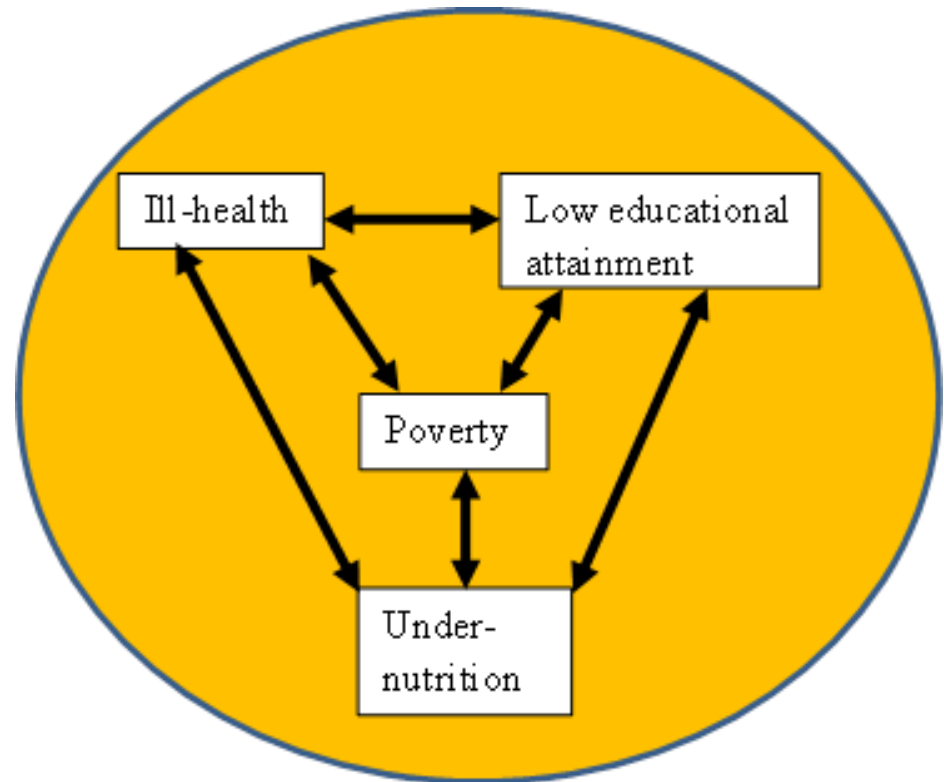
**Be-Cause Health Seminar on Sexual and Reproductive Health and Rights**

**Brussels, 28 November 2014**

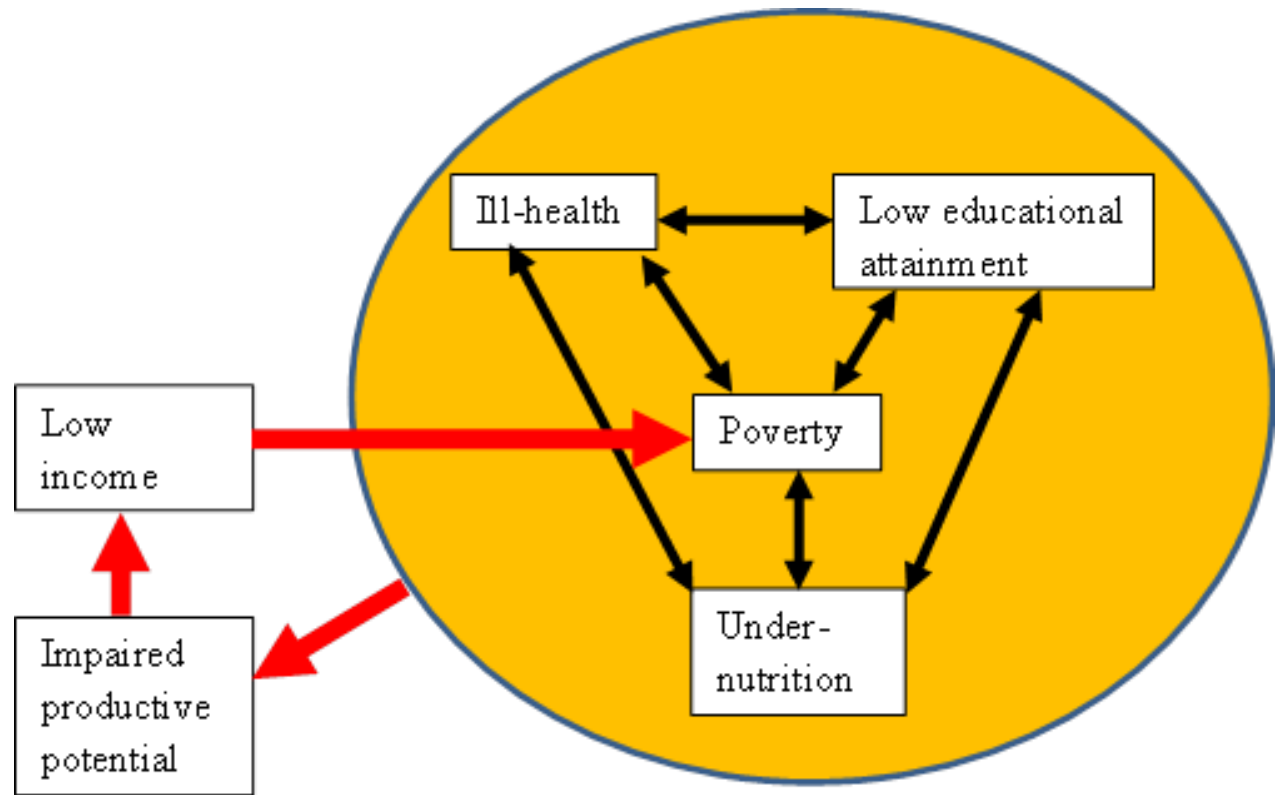
# The Vicious Circle of Poverty and Human Development



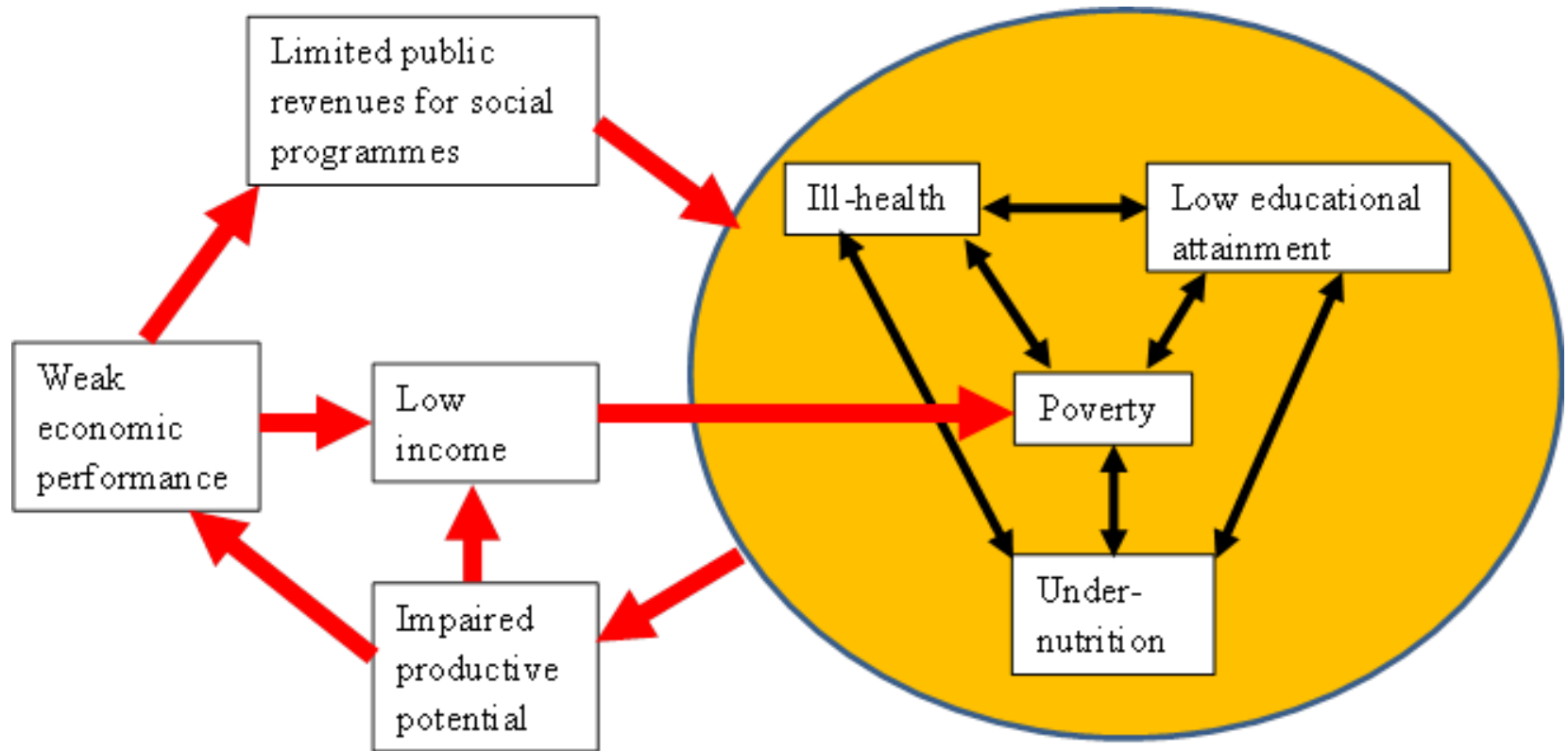
# The Vicious Circle of Poverty and Human Development



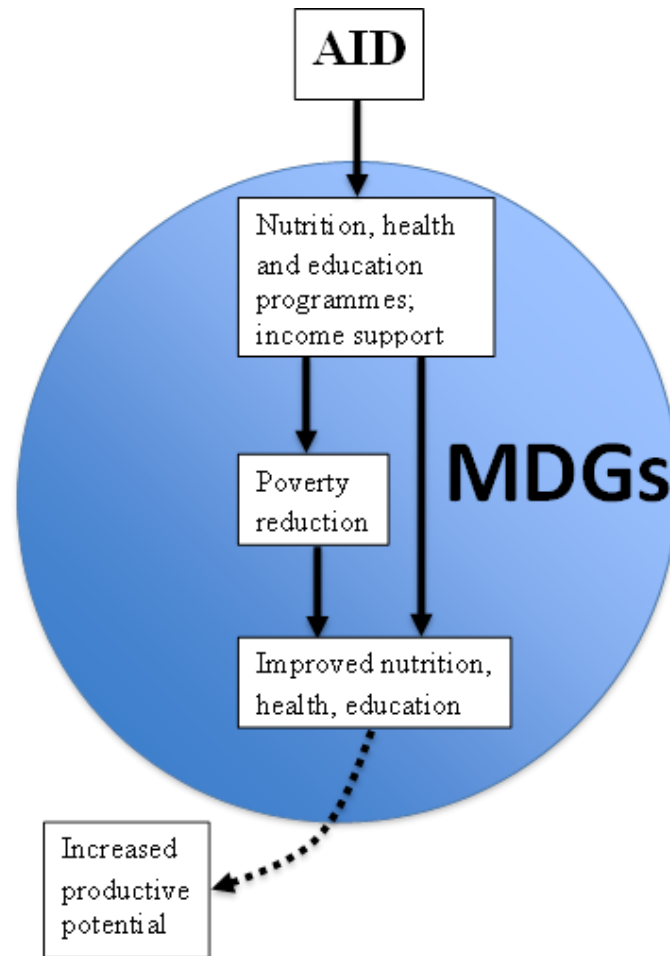
# The Vicious Circle of Poverty and Human Development



# The Vicious Circle of Poverty and Human Development



# The MDGs: a Linear Approach



# Some Successes Globally

- Goals met or on track globally
  - Halving extreme poverty
  - Halving people without access to safe water
  - Improving lives of 100m slum-dwellers
- Goals to be met late
  - Gender equality in primary + secondary education
- Many goals and targets will not be met
- Results very variable between countries/regions
  - Global success because of strong progress in better-off/more successful countries

# ***Least Developed Countries Report, 2014:*** **LDCs' performance against the MDGs**

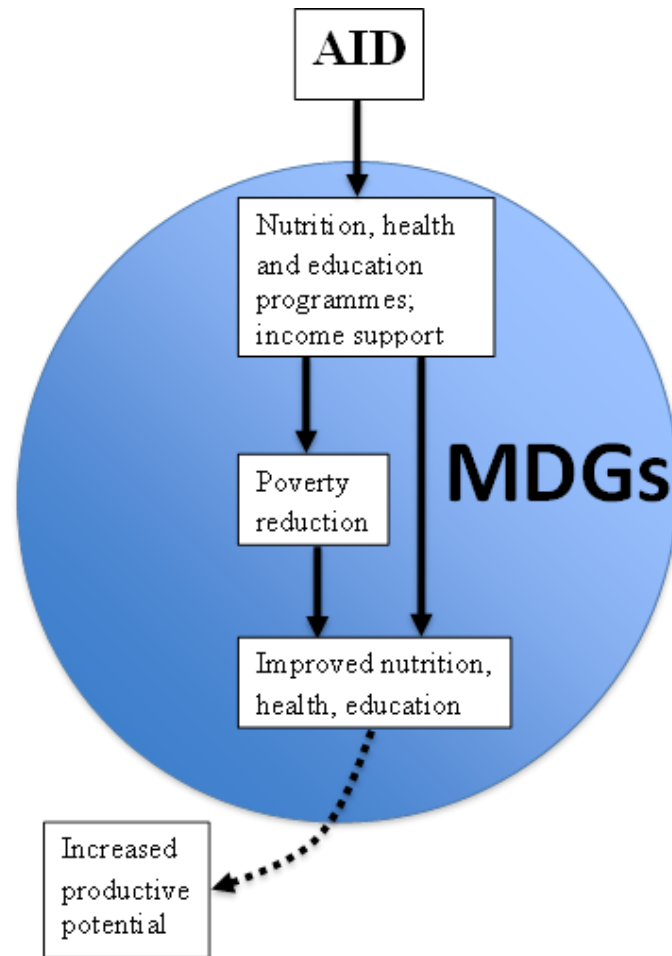
- 48 least developed countries
- Assessed progress against seven MDG targets
- Only 1 of 48 LDCs (Lao PDR) is on track for all
- The 6 other LDCs in South/South East Asia are on track for a majority of those for which data are available
- Outside this region (SSA, Pacific, Haiti, Yemen), 90% are off-track on most targets
- This reflects differences in economic development (not just economic growth - transformation)



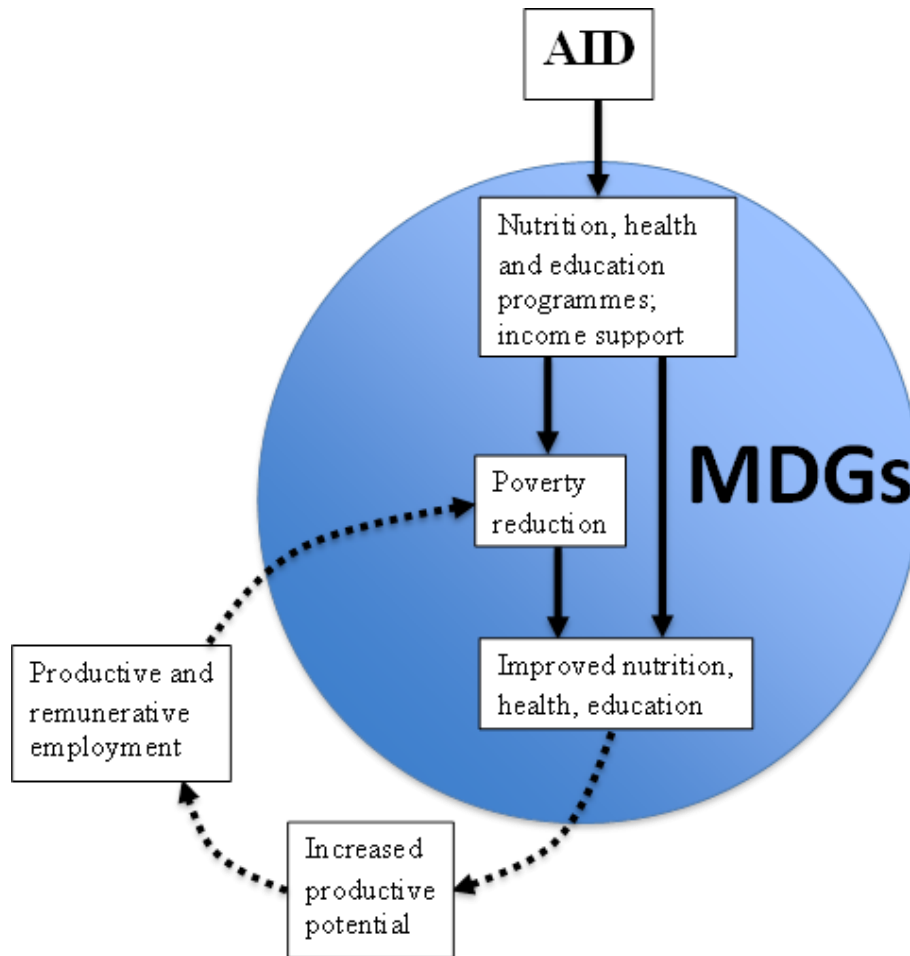
# From the MDGs to the SDGs

- Eg from poverty reduction to poverty eradication
- Poverty can be *halved* by reducing it by more than half in some places (eg China)
- Poverty can be *eradicated* only by eradicating it ***everywhere***
- This makes the SDGs much more ambitious....
- ...and it makes the LDCs the battleground where the Post-2015 Agenda will be won or lost

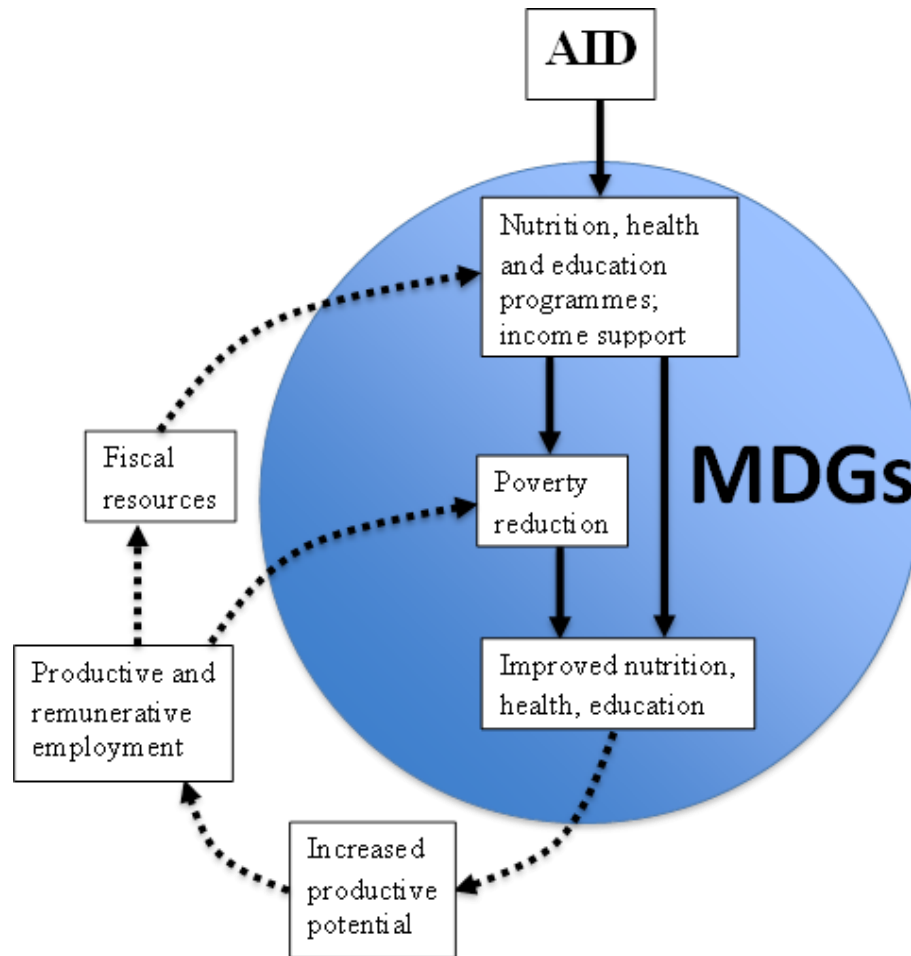
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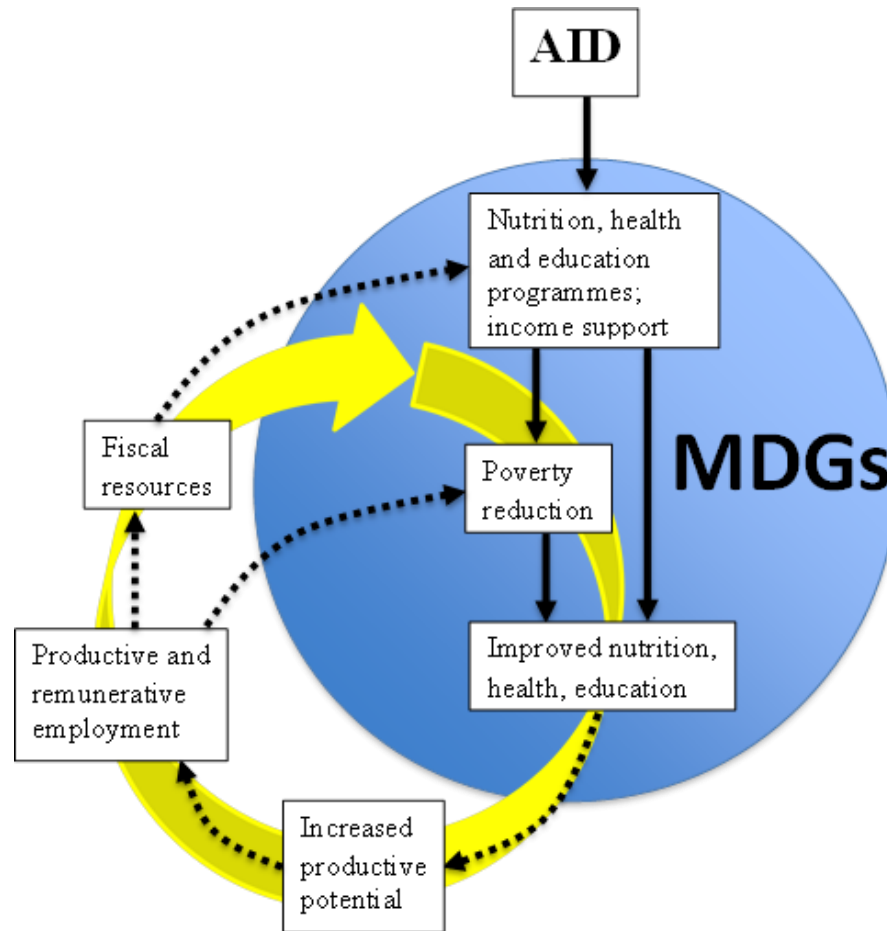
# From the MDGs to the SDGs



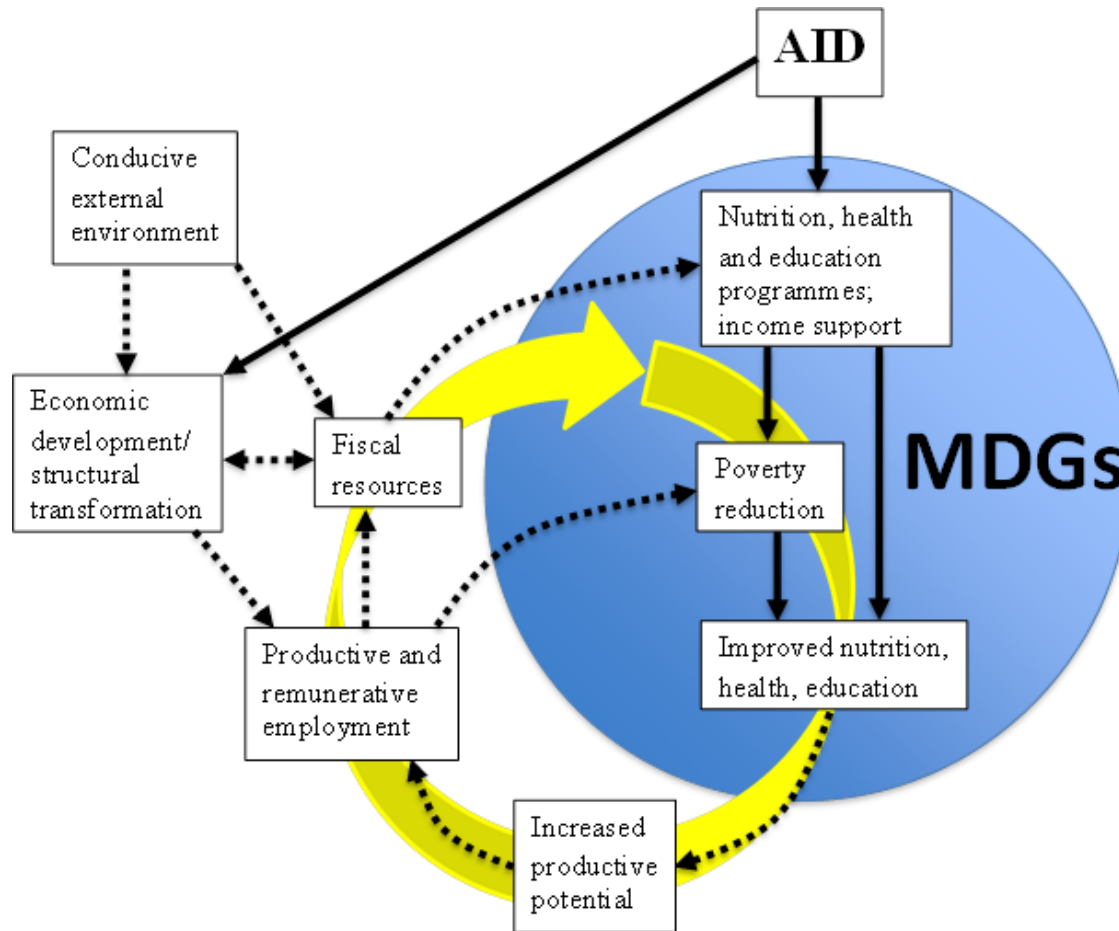
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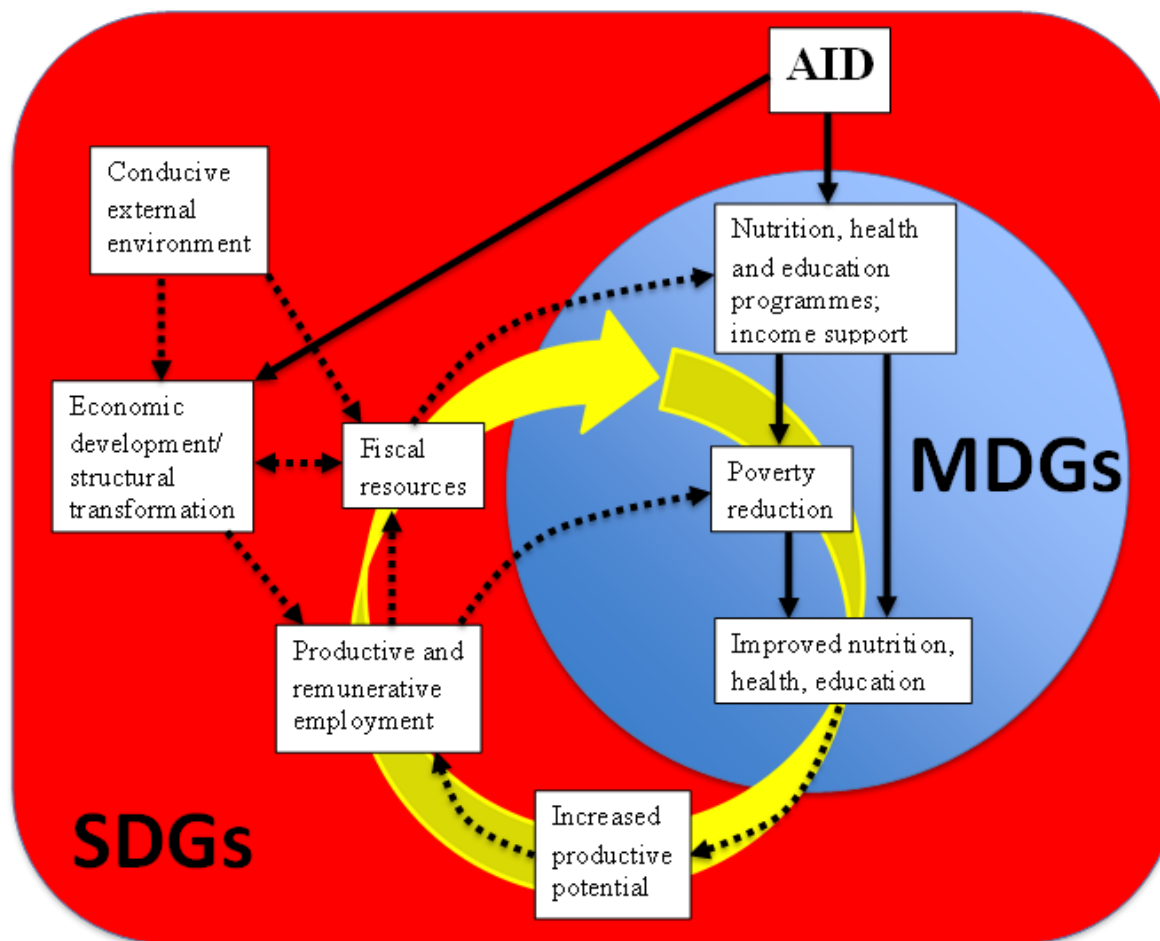
# From the MDGs to the SDGs



# From the MDGs to the SDGs



# A Framework for the SDGs/Post-2015 Agenda



# Reproductive Health

- Less immediate effect on productive potential
  - Major benefits are inter-generational (cf 2015-30)
- This doesn't mean it's unimportant!
- Need to take account of economic benefits of health....
- But don't instrumentalise or subordinate health (to anything) - skews priorities



# Health ↔ Economy

- The economy is for health, not health for the economy
  - "a complete state of physical, mental and social well-being"
- But economic development is essential for health, esp.
  - Poverty and economic security
  - Public resources
- Need economic policies oriented to these ends
  - Decent jobs, with productivity matching income
  - Safety nets
  - Public services
  - Rural development
- This requires a very different approach, nationally and globally (LDCR 2014)
- Without such policies, health improvement (including SRH) will not be sustainable

# Sustainability

- Environmental sustainability is important, but distinguish
  - National/local constraints on national development
  - Global constraints on global development (eg climate)
- Not only environmental sustainability
  - Also financial, economic, social, political, institutional
- North/South difference
  - North: what are (global) environmental impacts?
  - South: can development be sustained?
  - Sustainability is multi-dimensional

# Vertical Programmes and Sustainability

"Although the question under review [the relationship between vertical programmes and health systems] is not new, it has become ***a matter of growing concern during the past two decades....***

"[Developing countries] should not forget that mass campaigns [ie vertical programmes] are ***temporary expedients*** within a long-range pattern of health development, and that ***there is need to establish with the least possible delay an organized scheme of general health services....***

"In areas where an adequate network of general health services is lacking, and where mass campaigns have reached the midpoint or are nearing completion, ***the problem is one of urgency.***"

# Vertical Programmes and Sustainability

“all communicable disease campaigns have overwhelmingly demonstrated that only through falling back on strong basic health services in developing countries is it possible to achieve a consolidation of these campaigns”

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***C.L. Gonzalez (for WHO) 1965***

# Vertical Programmes and Sustainability

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*Halfdan Mahler (subsequently DG of WHO), 1966*

# The Bottom Line:

- Sexual and reproductive health and rights are very important
- But *sustainable* improvements depend on
  - Strong health systems, accessible to all
  - Improvements in social determinants of health and fertility (esp. poverty and economic security)
- And both depend on economic development
- Everything is connected to everything else
- Everything *depends on* everything else
- We're all in this together!