

## Health in eradicating poverty and promoting prosperity in a changing world

### *A civil society review brief*

JULY 2017

The Health in the 2030 Agenda NGO Coalition calls upon governments to ensure the inclusion of health in annual reviews of the Sustainable Development Goals (SDGs) during all sessions of the High-level Political Forum on Sustainable Development (HLPF). **Health is a precondition for and outcome of sustainable development.** Many risk factors, determinants and outcomes of health lie outside SDG 3, *Ensure healthy lives and promote well-being for all at all ages*, and require multi-sectoral and multi-stakeholder approaches to achieve the global goals. These issues deserve accountability and reporting on an annual basis.

### **SPOTLIGHT ON HEALTH IN THE SDGS UNDER REVIEW FOR 2017**



The 2017 UN Secretary-General's progress report on the SDGs calls for progress to be accelerated to achieve the health goal.<sup>i</sup> While progress has been made in reducing maternal and child mortality, fighting HIV and AIDS, malaria and other infectious diseases, much more needs to be done to reach these and other targets. These targets include addressing the rising burden of non-communicable diseases (NCDs), including road traffic injuries and morbidity and mortality resulting from mental health issues; malnutrition in all its forms; substance use disorders; ensuring universal access to sexual and reproductive health care; palliative care; mitigation of the effects of pollution; and addressing the growing threat of antimicrobial resistance. Innovative programs that elevate public health goals over enforcement are vital to promote the well-being of individuals and society as a whole, as are programs that address common co-morbidities, such as tuberculosis and diabetes. Primary health care, including integration of mental health care into primary health care services, strengthening health systems, delivering essential health services via a lifecourse approach, and people-centered care that upholds health-related human rights are pathways to comprehensive universal health coverage, and address health and socio-economic inequalities, reaching those farthest behind first. Disaggregated data by gender and age is required to achieve our shared goals. People must be able to access the quality essential health services they need across the spectrum from health promotion, disease prevention, treatment, rehabilitation, and palliation without being forced into financial hardship.



Ending poverty is inextricably linked with ensuring healthy lives and promoting well-being for all at all ages. Poverty drives poor health, and poor health often keeps families and individuals in poverty. Populations in low-and middle-income countries are more likely to be exposed to risk factors for NCDs, and may experience catastrophic expenditure and loss of household income as a result of costs of living with NCDs and other health conditions that require long-term care. In resource-poor settings with limited health infrastructure and human-resource capacity, people are far less likely to access timely, adequate, or affordable diagnosis and care. As a result, many preventable or curable diseases are often detected at a late stage with higher associated costs, and an increased likelihood of preventable death and disability requiring care by other family members

and community-based palliative care. Direct health care costs for medicines and equipment, inpatient treatment, transport to health facilities, and other health-related expenditures place a financial strain on individuals and families in countries that lack coverage. This can be catastrophic for people living in poverty. While economic vulnerability is a barrier to accessing health care, achieving and implementing universal health coverage is a key measure for reducing the burden of health care costs. The weakest health systems, with fragmented primary health care investments that are associated with ill health especially among the poor and socially excluded, can be found in low- and middle-income countries.



Malnutrition in all its forms, including overweight and obesity as well as undernutrition, is a risk factor for NCDs such as heart disease, cancer, and type 2 diabetes. Low- and middle-income countries face multiple burdens of malnutrition as well as escalating rates of nutrition-related NCDs. Overweight and obesity, stunting, wasting, and micronutrient deficiencies often co-exist in the same community, household and individual. Malnutrition has a significant impact on people’s health causing an

estimated 2.8 million deaths worldwide each year. It also impedes economic growth by increasing health care expenditure and reducing labor productivity due to absenteeism, affecting national income and entrenching household poverty. The global economic impact of obesity is estimated at \$2 trillion a year, while the financial burden of undernutrition is \$2.1 trillion a year.<sup>ii</sup> Proper nutrition is essential for a child’s first 1,000 days of life, during which period the foundations of a person’s lifelong health – including their predisposition to obesity and certain chronic diseases – are largely determined.<sup>iii</sup> Nutrition during pregnancy up to a child’s second birthday provides the essential building blocks for brain development, growth, and a strong immune system. Multi-sector platforms are required to combat malnutrition. Investments in strong health systems, based on the primary health-care approach, provide a key component of delivery systems able to respond to malnutrition.



Women and girls often face a triple burden of poor health resulting from reproductive and maternal health conditions, NCDs, and communicable diseases. Adolescent girls and young women are disproportionately impacted by HIV and AIDS, with young women aged 15-24 making up just 11% of the adult population globally, yet accounting for 20% of new infections among adults.<sup>iv</sup> Women’s and girls’ health is compromised when they are targeted by systemic and often epidemic levels of sexual

and gender-based violence, or by failure to uphold their sexual and reproductive health and rights. When a woman is able to choose when and how many children to have, her own health and well-being, and that of her children, are greatly improved. Women are the fastest growing population group who are incarcerated worldwide, many being mothers and the sole caretakers of children. Incarceration prevents women from accessing health care, including prenatal care, while the stigma from involvement with the criminal justice system acts as a barrier to employment. In most settings, women are the primary caregivers in the family and often place the physical and mental health and well-being of their families ahead of their own. Women’s role as unpaid care givers creates a “double burden” of work for women across regions, socio-economic classes, ages, and cultures. Investing in maternal and child survival and access to NCD prevention and treatment help to ensure that women and their families are able to survive and thrive. Women’s economic insecurity and financial dependence is well documented, from low

wages to absence from the workforce, including caring for other family members, as well as unequal employment opportunities due to gender-based discrimination and imbalanced literacy, education, and skill levels. Many women experience health problems as they grow older, which are unattended. Social and cultural traditions and taboos that restrict women and girls' mobility hinder their ability to pursue education, employment, and other activities that contribute to health and well-being. When a woman is educated and employed, both her own health and that of her children and family is greatly improved.



Fossil-fuel emissions – including those resulting from electricity generation, industrial activities, motorized vehicles, heating, and lighting – negatively impact health. Emissions from coal and other fossil fuels are high in particulate matter, including substances such as black carbon, which has been shown to contribute to many chronic health problems. Sustainable industrialization models that reduce emissions can have significant impact on health and well-being. Infrastructure innovations aimed in energy,

water, transportation, food, and health-care systems can result in stronger, more resilient, integrated multi-sector development, with far-reaching benefits for health and development.



Polluted oceans and seas result in contaminated seafood, polluted water in which people swim, and exposure to toxins from harmful algal blooms. The health of marine resources and, by extension, people is also linked to climate change. Ingestion of fish harbouring flukes can cause cancer and harmful algal blooms are likely to become more frequent and potentially impact drinking water. Sustainable use of marine resources also ensures food products derived from oceans and seas are available and reduces overfishing.

## **SPOTLIGHT ON POPULATIONS**

### *Young people*

- There are close to 1.8 billion people between the ages of 10 and 24 – the largest global youth population in history – approximately 90% of whom live in low- and middle-income countries.<sup>v</sup> These children, adolescents, and youth will become tomorrow's community leaders and workforce.
- Young people and youth-led organizations are drivers of change in local communities with key roles to play in engaging people at the grassroots level through intergenerational partnerships.
- Children and youth require service systems that recognize their unique and different health and social service needs. Globally, youth face many barriers to equal and universal access to quality, affordable health care, including poor physical access to health facilities, particularly in rural areas; high cost of health services, including essential medicines; a lack of awareness of health conditions of young people, and of available health and social care services, including long-term and palliative care services; stigma, and discrimination.

- A lifecourse approach to health, under the umbrella of universal health coverage and health systems strengthening, supports the identification of critical points for preventive interventions that can influence the onset of health conditions and delay or avoid the onset of disabilities associated with NCDs among children and youth, and consequently for future adults.
- Equitable access to health care from health promotion, disease prevention and treatment, to rehabilitation and palliation is essential for young people.
- Education and employment opportunities for young people are essential to their health and well-being, while enabling them to increase their economic status and autonomy.
- Since most preventable risk factors and health-promoting behaviors are initiated during childhood and adolescence, these periods are opportunities to promote health and provide clinical and community interventions to reduce or prevent exposure to risk factors, including tobacco use, harmful use of alcohol and other substances, unhealthy diets, physical inactivity, and injuries.
- The health of young persons in the development agenda is key, with important drivers linked to reproductive and sexual health. Mental health and injuries have also been identified as key constraints to secure and sustainable youth development and empowerment.

#### *Older persons*

- By 2050, approximately 22 percent of the world's population will be sixty years of age or older; as people live longer, societies and health systems are unprepared to address the needs of older persons.<sup>vi</sup>
- Globally, older persons face many barriers to equal and universal access to quality, affordable health care. These include poor physical access to health facilities, particularly in rural areas; high cost of health services (including essential medicines and equipment); a lack of awareness of health conditions in older age and the ability to treat them; unavailability of health and social-care services; discrimination; and the absence or inadequacy of long-term and palliative care services.
- Chronic poverty and income insecurity in older people is widespread. Income inequalities, particularly affecting older women, many of whom are widows, continue into later life in both developed and developing countries, often compounded by the impact of intersecting forms of discrimination.
- Older women are especially vulnerable to losing their livelihoods due to lower status, limited knowledge of their rights, and local laws and customs that prevent them from inheriting or retaining their property. Mandatory retirement and lack of continuing education and retraining for older persons can also contribute to poverty in older age.
- Many older women and men make significant contributions to their communities in all aspects of life, in the formal and informal sectors, and as caregivers, sources of wisdom, and breadwinners.

#### *Persons with disabilities*

- An estimated 15 percent of the population lives with some form of disability.<sup>vii</sup> As mortality rates from maternal, child, and infectious causes decrease, this figure is likely to rise. NCDs, including mental conditions and psychosocial disabilities, are a major contributor to years lived with disability.
- People with disabilities are more likely to have health needs, but much less likely to receive health services. Research has shown that persons with disabilities may have

- higher rates of HIV, infant mortality, discrimination from health-care providers, and health risk behaviors, and are at greater risk of violence than those without disabilities.
- People with disabilities are 50 percent more likely than those without disability to suffer catastrophic health expenditures.
  - Disability inclusion and rehabilitation services are broadly overlooked in global health planning and budgets.
  - Emergency contexts – whether refugee contexts, natural disasters, war and conflict, or disease outbreaks – are likely to cause new disabilities, as well as affect those persons already living with disability.
  - Ensuring access to health-care services, including rehabilitation, contributes to the empowerment of persons with disabilities fully participating and contributing within society.

### **SPOTLIGHT ON FINANCING FOR HEALTH**

The annual Financing for Development Forum (FfD)<sup>viii</sup>, held prior to the HLPF and whose outcome informs the HLPF discussions on the Means of Implementation for the SDGs, provides an opportunity for Member States to include financing for health as an important component of achieving the SDGs.

- Investment in health is an investment in the wealth of populations. Healthy populations remain active in the community and in the workforce longer, have greater buying power, and help sustain economic growth.
- The Addis Ababa Action Agenda (AAAA), which is reviewed annually during the FfD Forum, acknowledges tobacco taxation as a means to reduce tobacco consumption and health-care costs; it also provides a revenue stream for financing health systems strengthening in many countries. The success of tobacco taxation can be further developed into taxes on other unhealthy commodities, such as alcohol and foods high in sugar and fat.
- The AAAA also highlights the importance of broadening the domestic tax base through progressive tax systems, by combatting tax evasion and illicit financial flows, and by reducing the opportunities for tax avoidance by corporations.
- Relevant private-sector partners play an important role in achieving the 2030 Agenda and can serve as sources of funding, recognizing that attention must be given to real and perceived conflicts of interests, particularly with industries whose products are detrimental to health.
- Investment in harm reduction for substance use in low- and middle-income countries totalled \$160 million, only 7% of the estimated \$2.3 billion required. By contrast \$100 billion is spent annually on drug enforcement and control.<sup>ix</sup> Supporting a shift of resources away from punitive responses towards proven harm reduction interventions will significantly contribute to reaching global health targets.
- Out-of-pocket payments (OOP) can make healthcare costs prohibitive. Establishing official guidelines to decrease or abolish user fees and reduce OOP, especially for pregnant women, children under the age of five and young people, and older persons would increase access.
- For the approximately 30 countries that do not have sufficient capacity for the increase in health budgets, sustained international development assistance is catalytic and critical to ensure the world's poorest are not left behind.
- Programs and policies that address multiple health issues, such as diabetes screening for pregnant women and blood pressure checks for people living with HIV, deliver co-

benefits within existing resources. Comprehensive, person-centered, health services will result in better health outcomes. Primary health care systems account for 90 percent of health needs; ensure access to essential health services that prevent and detect disease more cost-effectively; and pave the way towards universal health coverage.

### **CALL TO ACTION**

We urge governments to adopt a “health in all policies” approach, because the physical and mental health and well-being of all people at all ages is essential for the achievement of the SDGs. Health is a precondition for and outcome of sustainable development – as demonstrated here, the subset of goals under review are all linked to SDG 3, as are the goals under review in future cycles of the HLPF. The 2030 Agenda necessitates change and requires governments, civil society organizations, relevant private sector actors, academia, and other stakeholders to approach achieving sustainable development by enhancing and capitalizing upon interlinkages and co-benefits. Investing in a lifecourse approach to prevention, affordable treatment, and palliation for all, with recognition that different populations subgroups have different needs, will result in healthier populations, decreased morbidity, reduced suffering, and fewer preventable deaths. Targeted interventions and improving the health of the most vulnerable and those farthest behind will spur improved health and development outcomes for all, within the context of the SDGs. We call upon Member States to address progress on health, including financing for health, in every cycle of review under the High-level Political Forum, recognizing the centrality of health to the success of the 2030 Agenda.

*The Health in the 2030 Agenda NGO Coalition is a group of over 100 civil society organizations with global representation and addressing a broad range of health issues – from HIV/AIDS, reproductive, maternal, newborn, child and adolescent health, and infectious diseases to universal health coverage (including the primary health-care approach for health system strengthening), non-communicable diseases, and climate change, with a focus on a lifecourse approach to health. Contact: [pskanayson@ncdalliance.org](mailto:pskanayson@ncdalliance.org)*

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<sup>i</sup> [http://www.un.org/ga/search/view\\_doc.asp?symbol=E/2017/66&Lang=E](http://www.un.org/ga/search/view_doc.asp?symbol=E/2017/66&Lang=E)

<sup>ii</sup> <https://ncdalliance.org/resources/ambitious-smart-commitments-to-address-ncds-overweight-and-obesity>

<sup>iii</sup> <https://thousanddays.org/the-issue/>

<sup>iv</sup> [http://www.unaids.org/sites/default/files/media\\_asset/AIDS-by-the-numbers-2016\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/AIDS-by-the-numbers-2016_en.pdf)

<sup>v</sup> [https://www.unfpa.org/sites/default/files/pub-pdf/EN-SWOP14-Report\\_FINAL-web.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/EN-SWOP14-Report_FINAL-web.pdf)

<sup>vi</sup> <http://www.who.int/mediacentre/factsheets/fs404/en/>

<sup>vii</sup> [http://www.who.int/disabilities/world\\_report/2011/report/en/](http://www.who.int/disabilities/world_report/2011/report/en/)

<sup>viii</sup> <http://www.un.org/esa/ffd/ffdforum/>

<sup>ix</sup> <https://www.avert.org/professionals/hiv-around-world/global-response/funding>