

The Sustainable Development Goals Five Years On: where do we stand?

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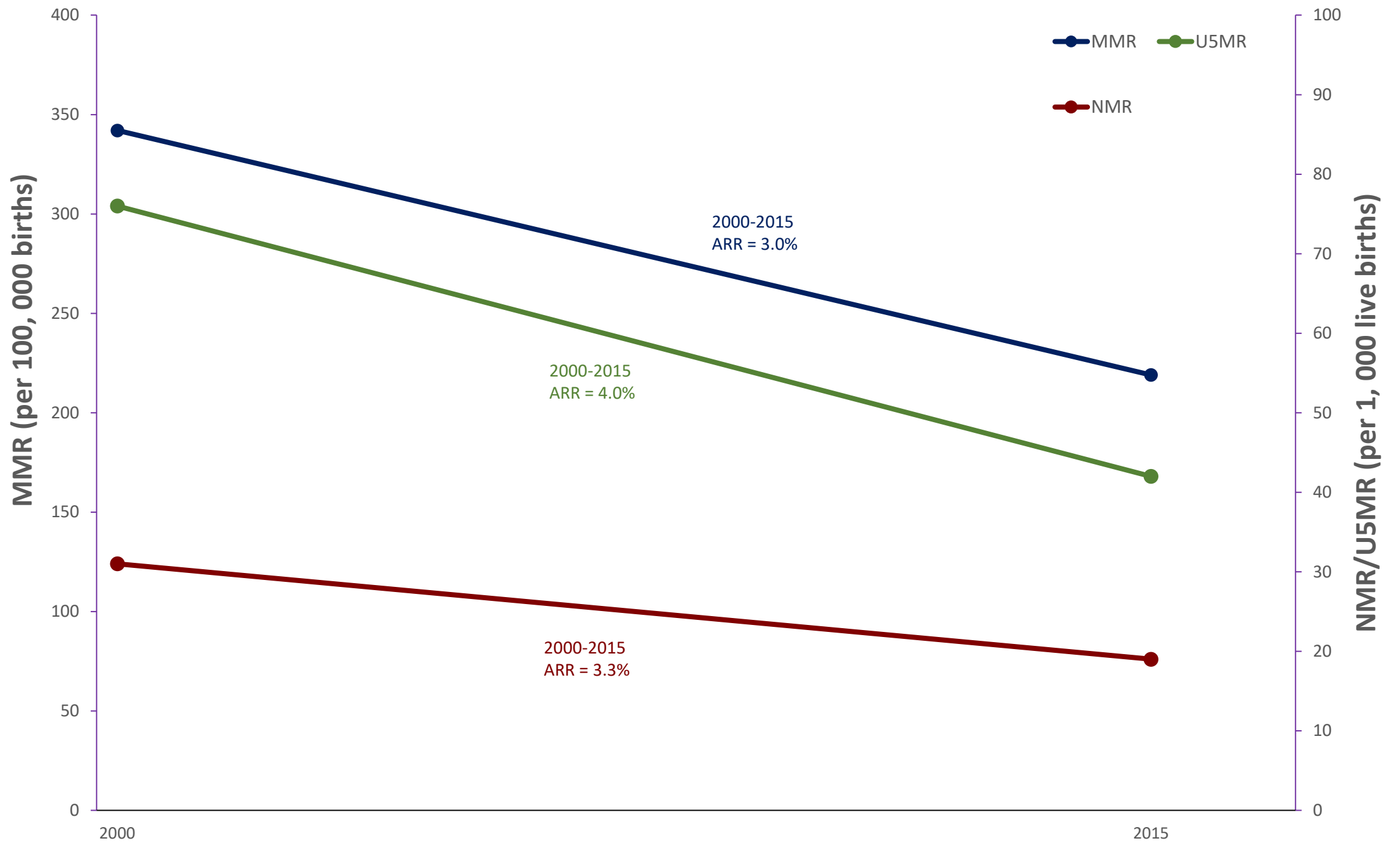
Millennium Development Goals (1990-2015)

(agreed upon in September 2000)

- The eight international development goals for the year 2015 were established following the Millennium Summit of the United Nations in 2000, following the adoption of the United Nations Millennium Declaration.
- All 189 United Nations member states at the time (there are 193 currently), and at least 23 international organizations, committed to help achieve the following Millennium Development Goals by 2015:

The Millennium Development Goals (MDGs)





MDGs & Transition

8 goals 21 targets 60 indicators



MDGs & Transition

8 goals 21 targets 60 indicators



17 goals 169 targets 304 indicators



The SDGs are ...

- A set of 17 goals for the world's future, through 2030
- Backed up by a set of 169 detailed Targets
- Core principles of
 - *Universality*
 - *Integration*
 - *Transformative*
- Negotiated over a two-year period at the United Nations (agreed to by nearly all the world's nations on 25 Sept 2015)

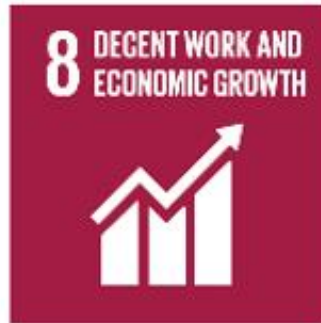
MDGs

MDG	
Traditional assistance	
Limited goals	
Top-down process	
Traditional statistics	
Hunger and poverty together	
Quantity Education	
Funding: Focus on ODA	

MDGs & SDGs/**Comparison**

MDG	SDG
Traditional assistance	Traditional assistance + Universal goals
Limited goals	More comprehensive
Top-down process	Inclusive goal setting
Traditional statistics	Traditional + Data revolution
Hunger and poverty together	Distinction
Quantity Education	Quality Education
Funding: Focus on ODA	Broader set of financial sources

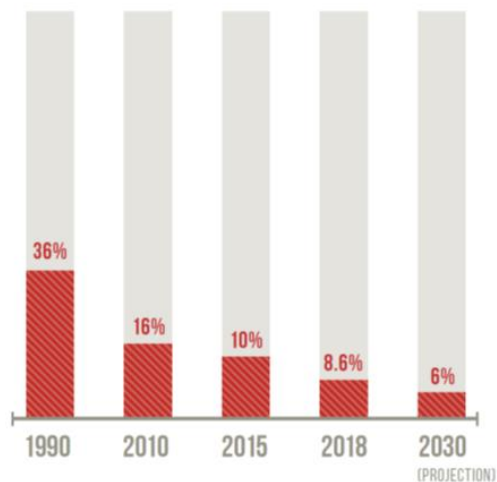
Health and Health-related SDGs





END POVERTY IN ALL ITS FORMS EVERYWHERE

THE WORLD
IS NOT ON TRACK TO
END POVERTY BY 2030

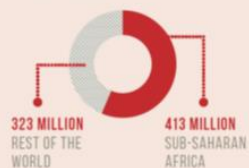


**MORE THAN 90% OF DEATHS
DUE TO DISASTERS OCCUR IN LOW-
AND MIDDLE-INCOME COUNTRIES**



55%
OF THE
WORLD'S POPULATION
HAVE NO ACCESS TO
SOCIAL PROTECTION

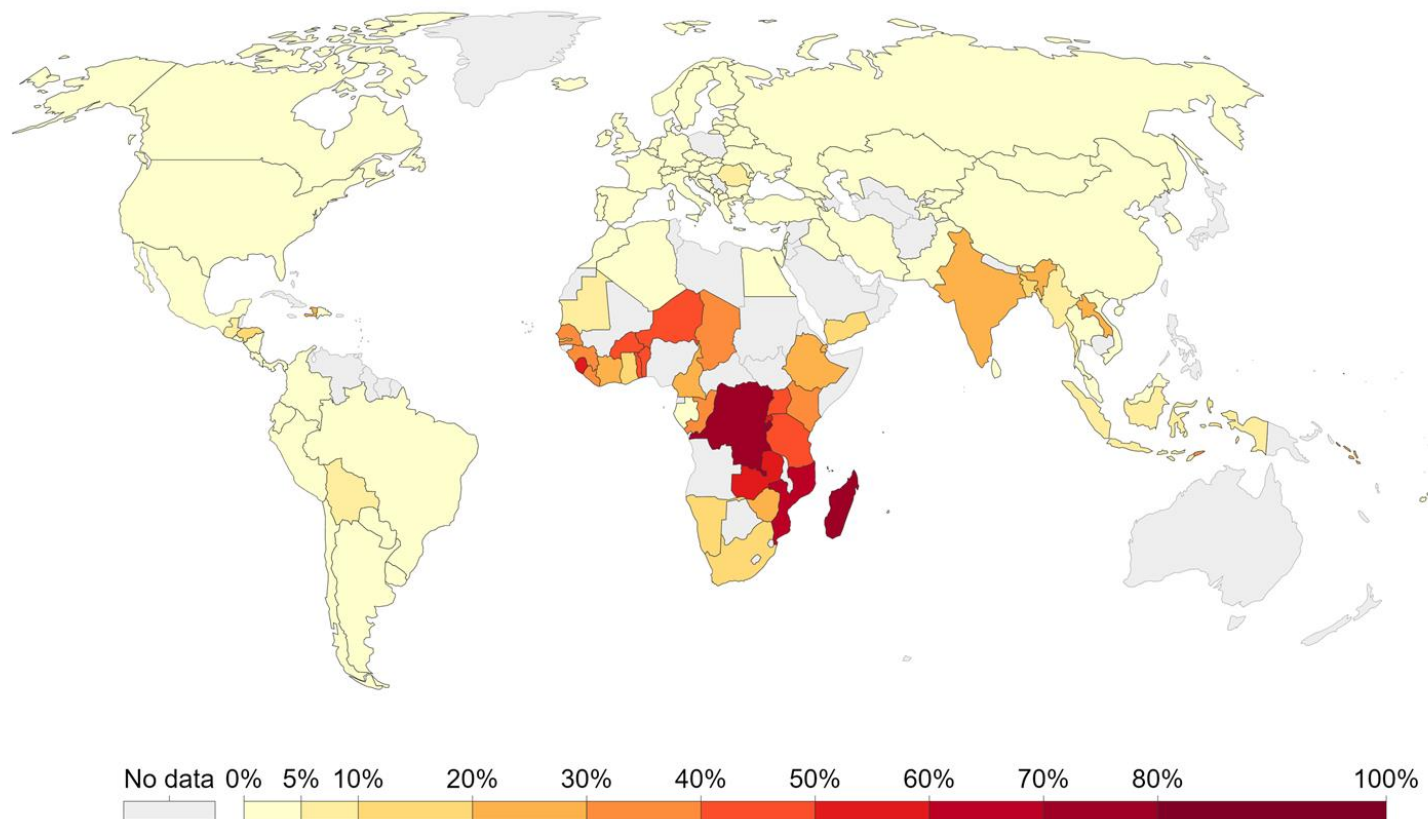
736 MILLION
PEOPLE LIVED
IN EXTREME
POVERTY IN 2015,
413 MILLION
IN SUB-SAHARAN
AFRICA



Share of the population living in extreme poverty, 2017

The share of individuals living below the 'International Poverty Line' of \$1.90 per day.

Our World
in Data



Source: World Bank

OurWorldInData.org/extreme-poverty/ • CC BY

Note: Depending on the country and year, the poverty rate relates to either income or consumption. Figures are given in international-\$. This means they are adjusted for price differences between countries and adjusted for inflation to allow comparisons between countries and over time. Income/consumption is measured at the household level, and is assumed to be divided equally among all household members.



END HUNGER, ACHIEVE FOOD SECURITY AND IMPROVED NUTRITION AND PROMOTE SUSTAINABLE AGRICULTURE



MILLIONS MORE ARE
LIVING IN HUNGER



821 MILLION
WERE UNDERNOURISHED
IN 2017

UP FROM

784 MILLION
IN 2015

TWO THIRDS

OF EXTREMELY POOR
EMPLOYED WORKERS
WORLDWIDE ARE
AGRICULTURAL
WORKERS



TWO THIRDS

OF UNDERNOURISHED
PEOPLE WORLDWIDE
LIVE IN TWO REGIONS:

SUB-SAHARAN
AFRICA



237 MILLION

SOUTHERN
ASIA



277 MILLION



22% (149 MILLION)
OF CHILDREN
UNDER 5
ARE STUNTED



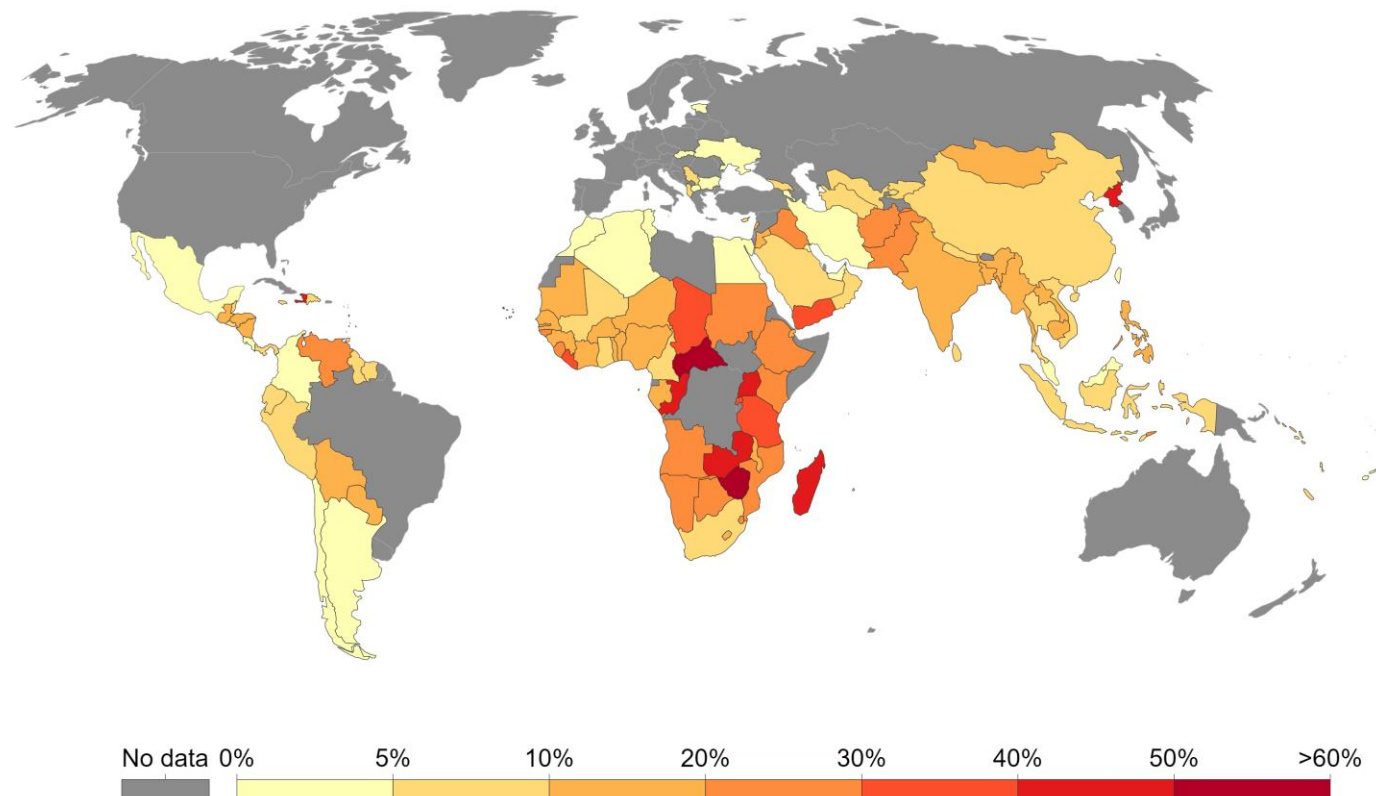
7.3% (49 MILLION)
OF CHILDREN
UNDER 5
ARE AFFECTED
BY WASTING



5.9% (40 MILLION)
OF CHILDREN
UNDER 5
ARE OVERWEIGHT

Share of the population that are undernourished, 2017

Share of individuals who have a habitual energy intake lower than their requirements.



Source: UN Food and Agriculture Organization (FAO)

OurWorldInData.org/hunger-and-undernourishment • CC BY

Note: Undernourishment is defined as having food energy intake which is lower than an individual's requirements, taking into account their age, gender, height, weight and activity levels.

ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES



**UNDER-5
DEATHS
DROPPED
FROM**

**9.8 MILLION
IN 2000**

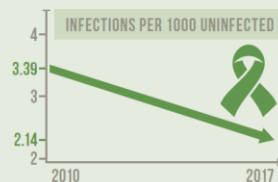
TO

**5.4 MILLION
IN 2017**



THE TUBERCULOSIS
INCIDENCE RATE
DECLINED BY
21% BETWEEN
2000 AND 2017;
NONETHELESS
10 MILLION
PEOPLE DEVELOPED
TUBERCULOSIS
IN 2017

THE INCIDENCE OF **HIV**
AMONG ADULTS
15–49 YEARS OLD IN
SUB-SAHARAN AFRICA
DECLINED BY **37%**
BETWEEN 2010 AND 2017



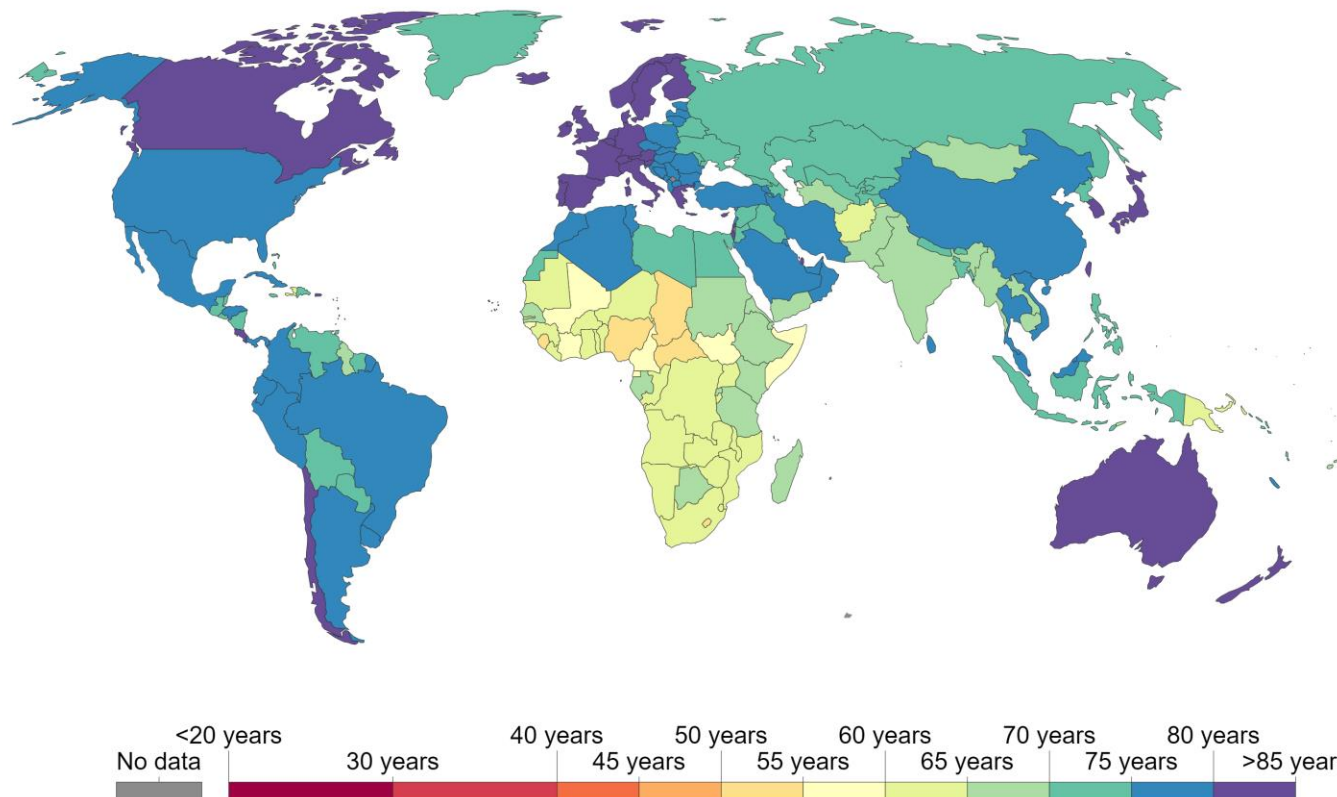
VACCINATIONS
RESULTED IN AN
80% DROP
IN MEASLES DEATHS
BETWEEN 2000 AND 2017



THERE WERE AN ESTIMATED **3.5 MILLION MORE MALARIA CASES**
IN THE 10 HIGHEST-BURDEN AFRICAN COUNTRIES IN 2017 COMPARED TO 2016



Life expectancy, 2019



Source: Riley (2005), Clio Infra (2015), and UN Population Division (2019)

OurWorldInData.org/life-expectancy • CC BY

Note: Shown is period life expectancy at birth, the average number of years a newborn would live if the pattern of mortality in the given year were to stay the same throughout its life.



ENSURE INCLUSIVE AND EQUITABLE QUALITY EDUCATION AND PROMOTE LIFELONG LEARNING OPPORTUNITIES FOR ALL

617 MILLION

CHILDREN AND
ADOLESCENTS
LACK MINIMUM
PROFICIENCY
IN READING AND
MATHEMATICS

750 MILLION ADULTS STILL REMAIN ILLITERATE



MORE THAN HALF

OF THE SCHOOLS
IN SUB-SAHARAN AFRICA

DO NOT HAVE ACCESS TO

- BASIC DRINKING WATER
- HANDWASHING FACILITIES
- THE INTERNET
- COMPUTERS



1 OUT OF **5** CHILDREN
BETWEEN 6 AND 17 YEARS

— ARE NOT —
ATTENDING SCHOOL

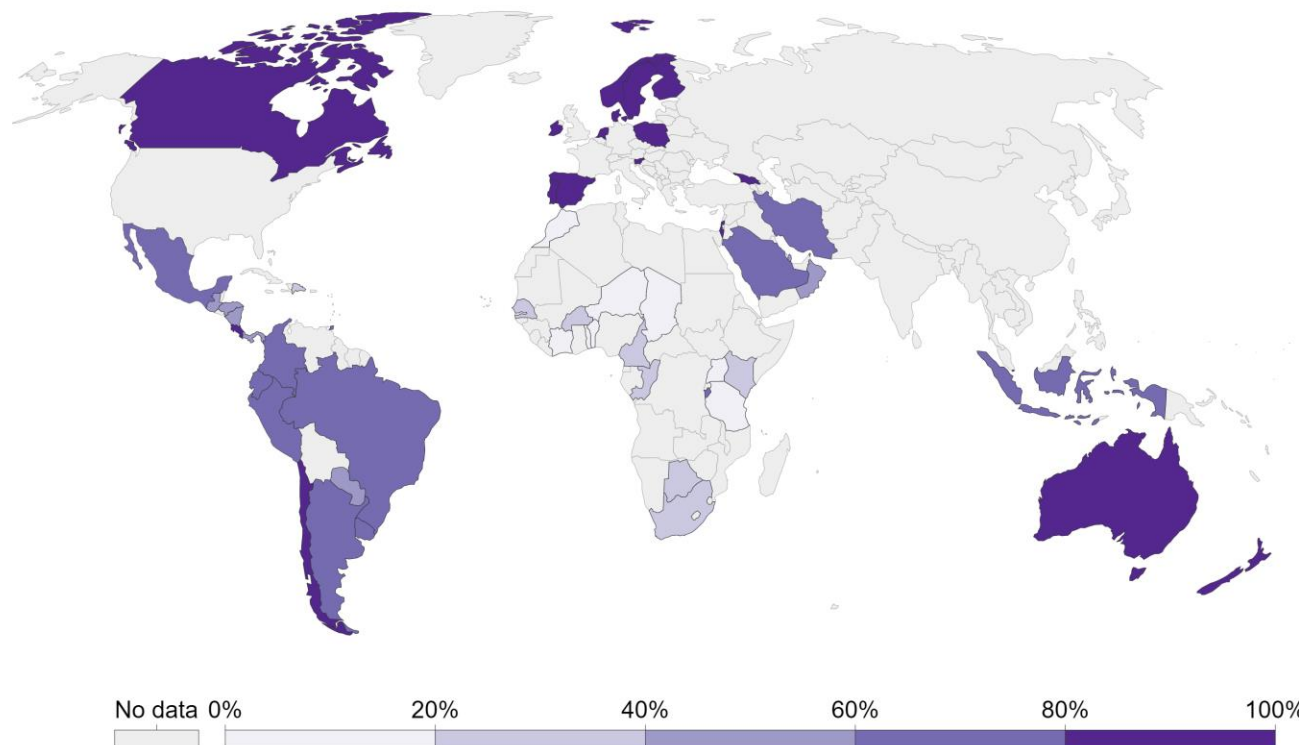


IN CENTRAL ASIA, **27%** MORE GIRLS THAN BOYS
OF PRIMARY SCHOOL AGE ARE NOT ATTENDING SCHOOL

Share of students in early primary education achieving minimum reading proficiency, 2010-2015

Our World
in Data

Percentage of pupils in early primary education grades (2 or 3) achieving at least a minimum proficiency level in reading. The minimum proficiency level in reading and mathematics is as defined by each assessment. Data need to be interpreted with caution since the different assessments are not comparable.



Source: GEM Report - Statistical Tables (2017/8)

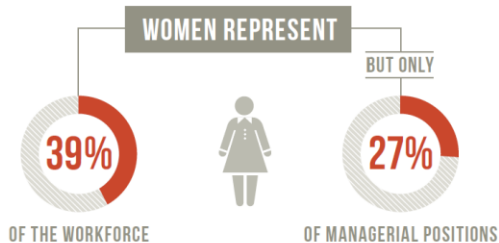
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ACHIEVE GENDER EQUALITY AND EMPOWER ALL WOMEN AND GIRLS

18% 

OF EVER-PARTNERED
WOMEN AND GIRLS
AGED **15 TO 49** YEARS
HAVE EXPERIENCED
PHYSICAL AND/OR SEXUAL
PARTNER VIOLENCE
IN THE PREVIOUS 12 MONTHS

24% OF NATIONAL PARLIAMENTARIANS
ARE WOMEN AN INCREASE FROM 19% (2010) 



IN SOUTHERN ASIA,
A GIRL'S RISK OF
MARRYING IN CHILDHOOD
HAS DECREASED BY
40% SINCE 2000



STILL, **30%**
OF WOMEN AGED
20 TO 24 YEARS
WERE MARRIED
BEFORE AGE 18
(2018)

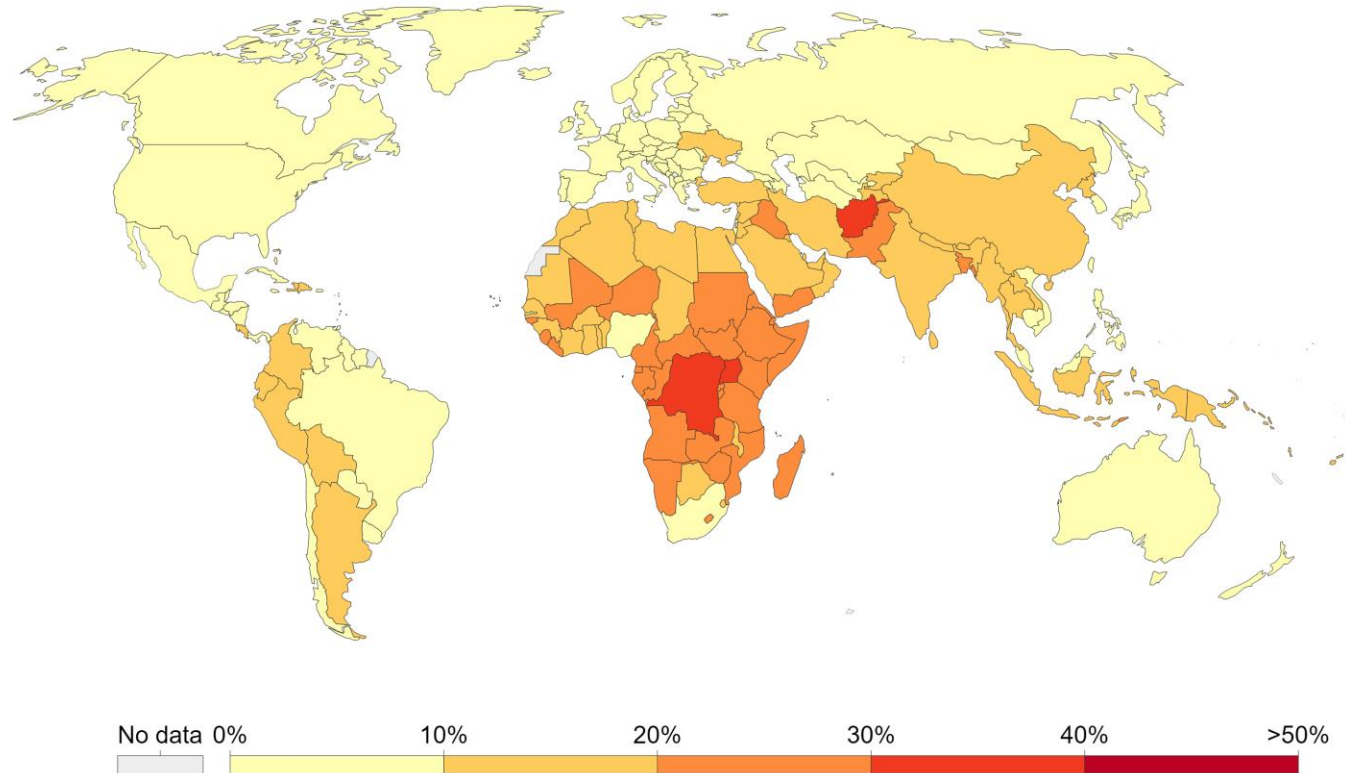
AT LEAST
200 MILLION
GIRLS AND WOMEN
HAVE BEEN
SUBJECTED TO
FEMALE GENITAL
MUTILATION



Women who experienced violence by an intimate partner, 2017

Share of women, aged 15 years and older, who experienced physical or sexual violence from an intimate partner in the past year.

Our World
in Data



Source: Institute of Health Metrics & Evaluation (IHME)

Note: To allow comparisons between countries and over time this metric is age-standardized.

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ENSURE AVAILABILITY AND SUSTAINABLE MANAGEMENT OF WATER AND SANITATION FOR ALL



785 MILLION
PEOPLE REMAIN
WITHOUT EVEN
**BASIC
DRINKING
WATER**
SERVICES (2017)



**2 OUT OF 5
PEOPLE**
WORLDWIDE
DO NOT HAVE
= A BASIC =
HANDWASHING
FACILITY WITH
SOAP AND WATER
AT HOME (2017)

1 OUT OF 4

HEALTH-CARE FACILITIES
WORLDWIDE LACK BASIC
DRINKING WATER SERVICES
(2016)



BY 2030,
700 MILLION
PEOPLE COULD BE
DISPLACED BY
INTENSE
WATER SCARCITY

673 MILLION
PEOPLE (9% OF THE
GLOBAL POPULATION)
STILL PRACTISE
OPEN DEFECATION
(2017)

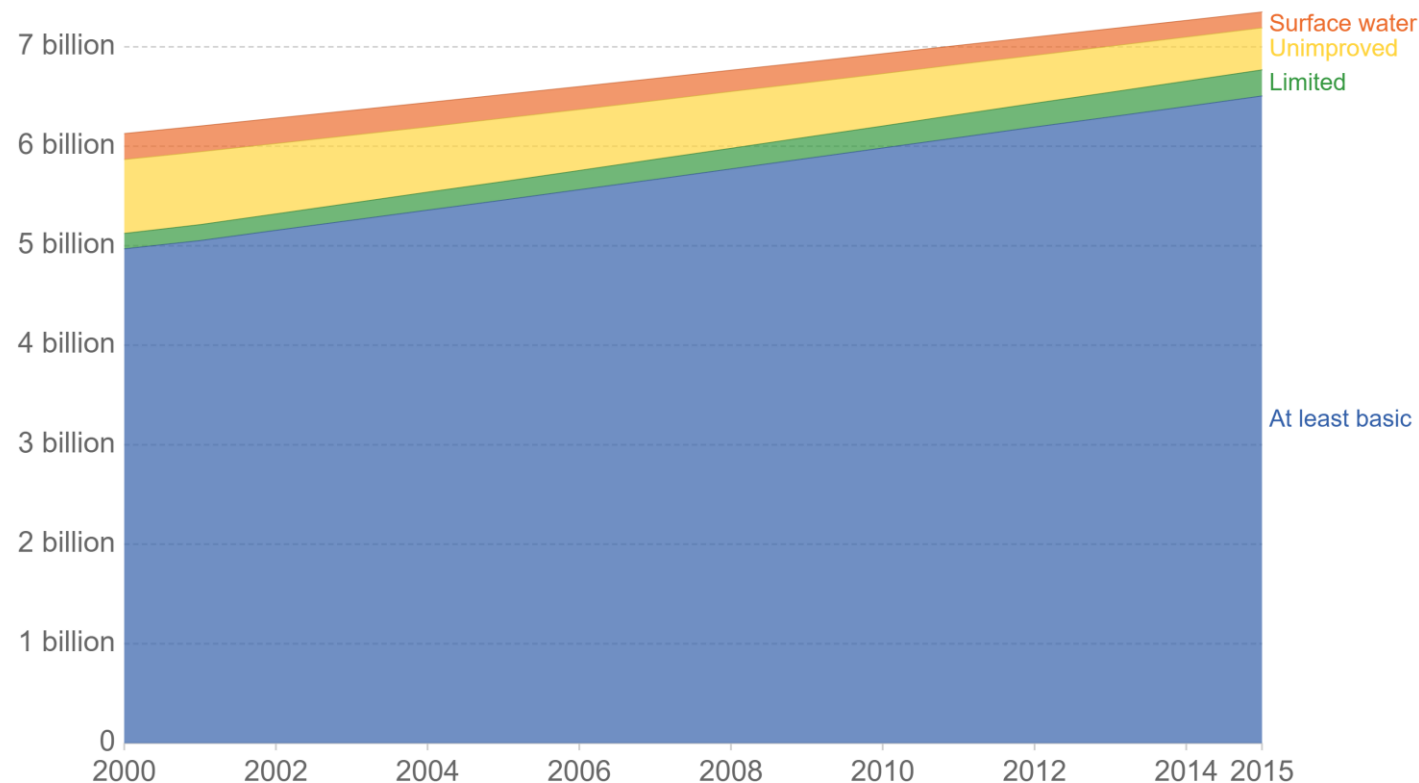
THE MAJORITY OF THEM
ARE IN SOUTHERN ASIA



2 BILLION PEOPLE LIVE
IN COUNTRIES EXPERIENCING
HIGH WATER STRESS

Drinking water service coverage, World, 2000 to 2015

Total population using a given drinking water source. At least basic drinking water represents an improved source within 30 minutes' round trip to collect water; 'limited' constitutes an improved water source more than a 30 minute round-trip away; 'unimproved' is one that by the nature of its construction does not adequately protect the source from outside contamination; and 'surface' is that from surface water sources.



Source: WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP)

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ENSURE AVAILABILITY AND SUSTAINABLE MANAGEMENT OF WATER AND SANITATION FOR ALL



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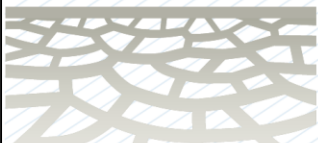


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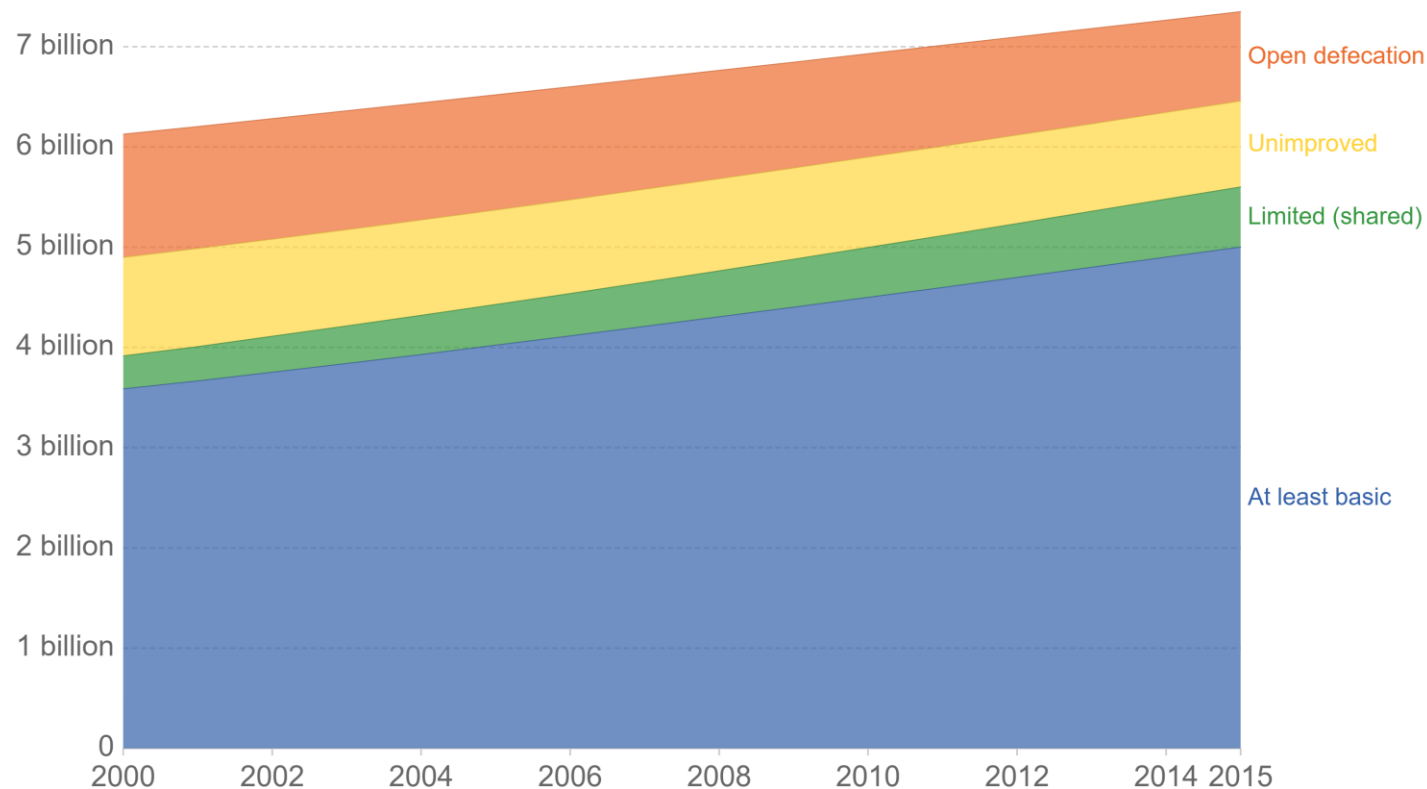


2 BILLION PEOPLE LIVE
IN COUNTRIES EXPERIENCING
HIGH WATER STRESS



Sanitation facilities coverage, World, 2000 to 2015

Number of people with access to different sanitation facilities. 'At least basic' are improved sanitation facilities not shared with other households; 'limited' are improved facilities shared with other households; 'unimproved' are facilities without a flush/pour flush (to piped sewer system, septic tank, pit latrine), ventilated improved pit (VIP) latrine, pit latrine with slab, or composting toilet.



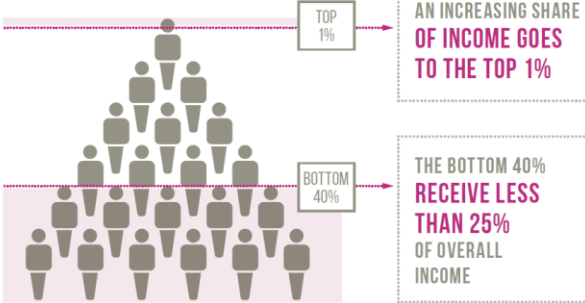
Source: WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP)

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REDUCE INEQUALITY WITHIN AND AMONG COUNTRIES

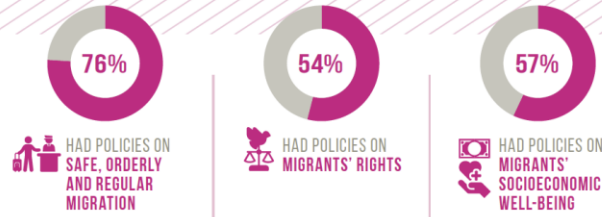
IN MORE THAN HALF OF THE 92 COUNTRIES WITH DATA, INCOME OF THE BOTTOM 40% OF THE POPULATION

GREW FASTER THAN THE NATIONAL AVERAGE (2011–2016)



MOST COUNTRIES HAVE POLICIES TO FACILITATE SAFE AND ORDERLY MIGRATION, BUT MORE WORK REMAINS TO BE DONE TO PROTECT MIGRANTS' RIGHTS AND SOCIOECONOMIC WELL-BEING

OUT OF 105 COUNTRIES SURVEYED



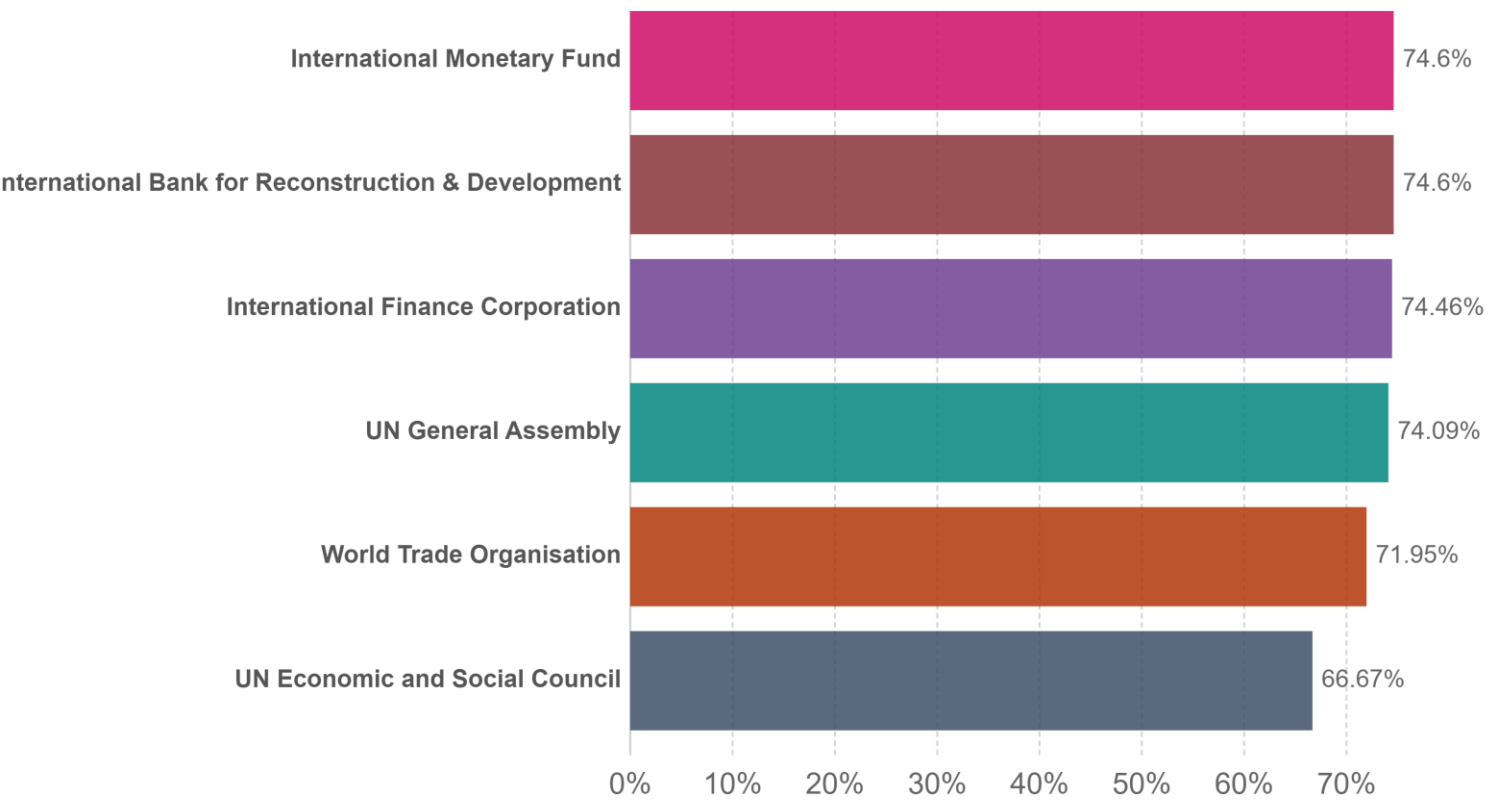
LDCs CONTINUE TO BENEFIT FROM PREFERENTIAL TRADE STATUS



66% OF PRODUCTS EXPORTED FROM LDCs RECEIVE DUTY-FREE TREATMENT (2017), COMPARED TO 51% FOR DEVELOPING REGIONS

Proportion of members of developing countries in international organizations, Developing regions, 2018

Share of members of international organizations defined as developing countries. Membership in their institutions are agreed by the Member States themselves. There will be only small changes over time to reflect agreement on new States joining as Members or membership withdrawal.



Source: UN Statistics Division

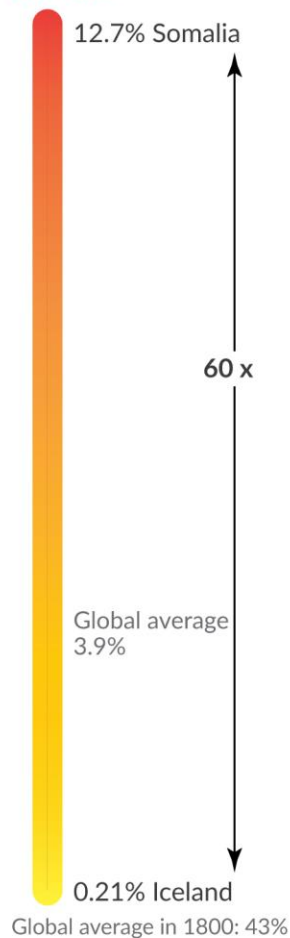
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Global inequality in living conditions

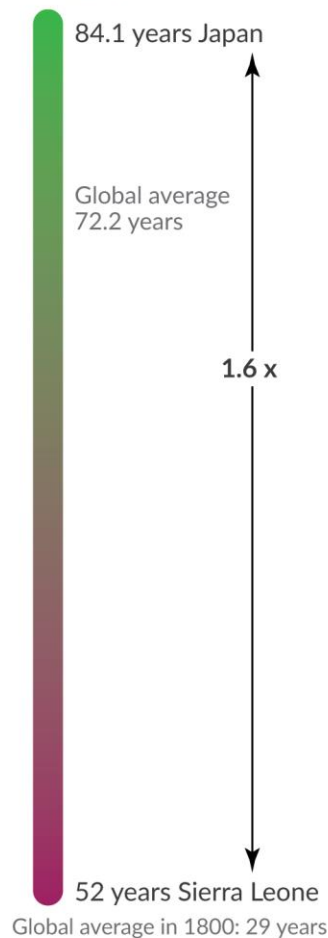
between the world's worst-off and best-off countries

Our World
in Data

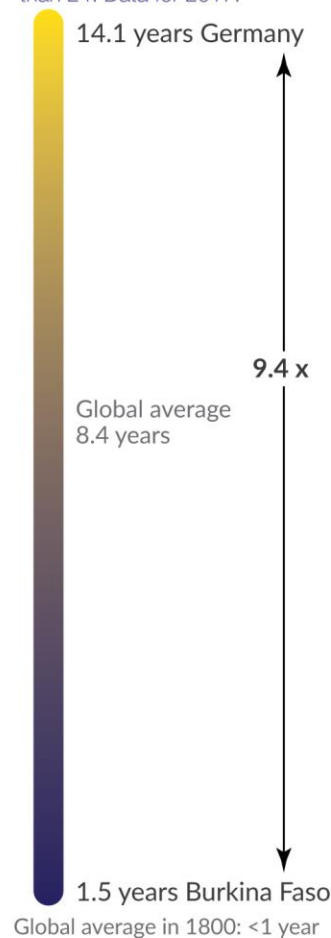
Mortality rate of children under the age of 5
2017 data



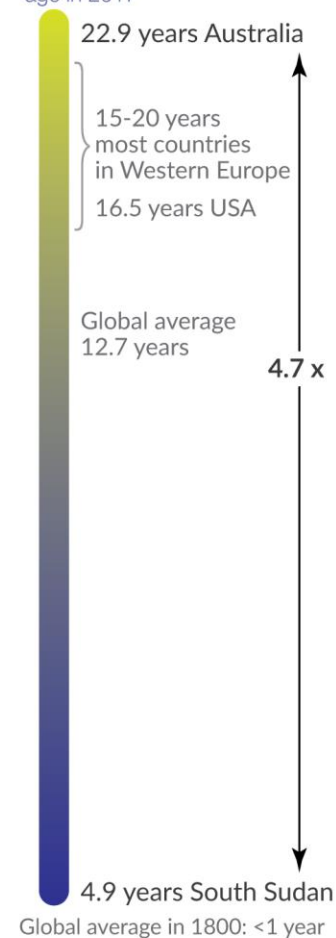
Life expectancy at birth
2017 data



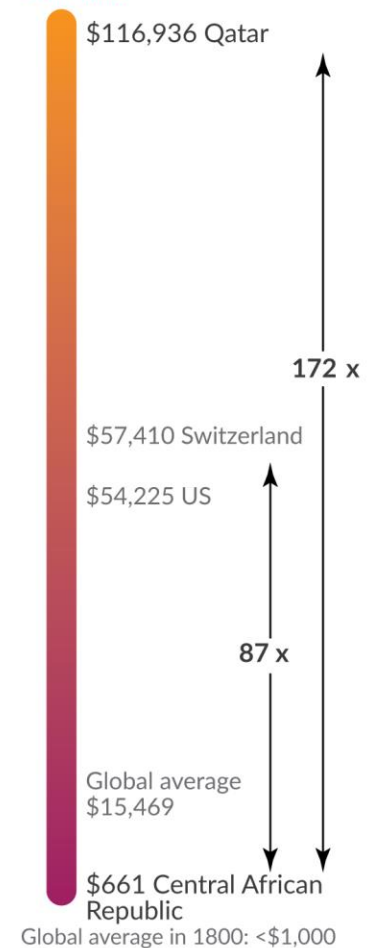
Mean years of schooling
received by people older than 24. Data for 2017.



Expected years of schooling
for a child of school entrance age in 2017



Average income
(GDP per capita adjusted for price differences between countries)
2017 data



Data source: all data for 2017 is taken from various UN publications. Historical estimates for 1800 are from OECD – How was life? and Our World in Data. This is a visualization from [OurWorldinData.org](https://ourworldindata.org), where you find data and research on the world's largest problems.

Licensed under CC-BY by the author Max Roser.

MAKE CITIES AND HUMAN SETTLEMENTS INCLUSIVE, SAFE, RESILIENT AND SUSTAINABLE



2 BILLION PEOPLE

DO NOT HAVE ACCESS TO WASTE COLLECTION SERVICES

1 OUT OF 4 URBAN RESIDENTS LIVE IN SLUM-LIKE CONDITIONS (2018)



ONLY HALF (53%) OF URBAN RESIDENTS HAVE CONVENIENT ACCESS TO PUBLIC TRANSPORT (2018)



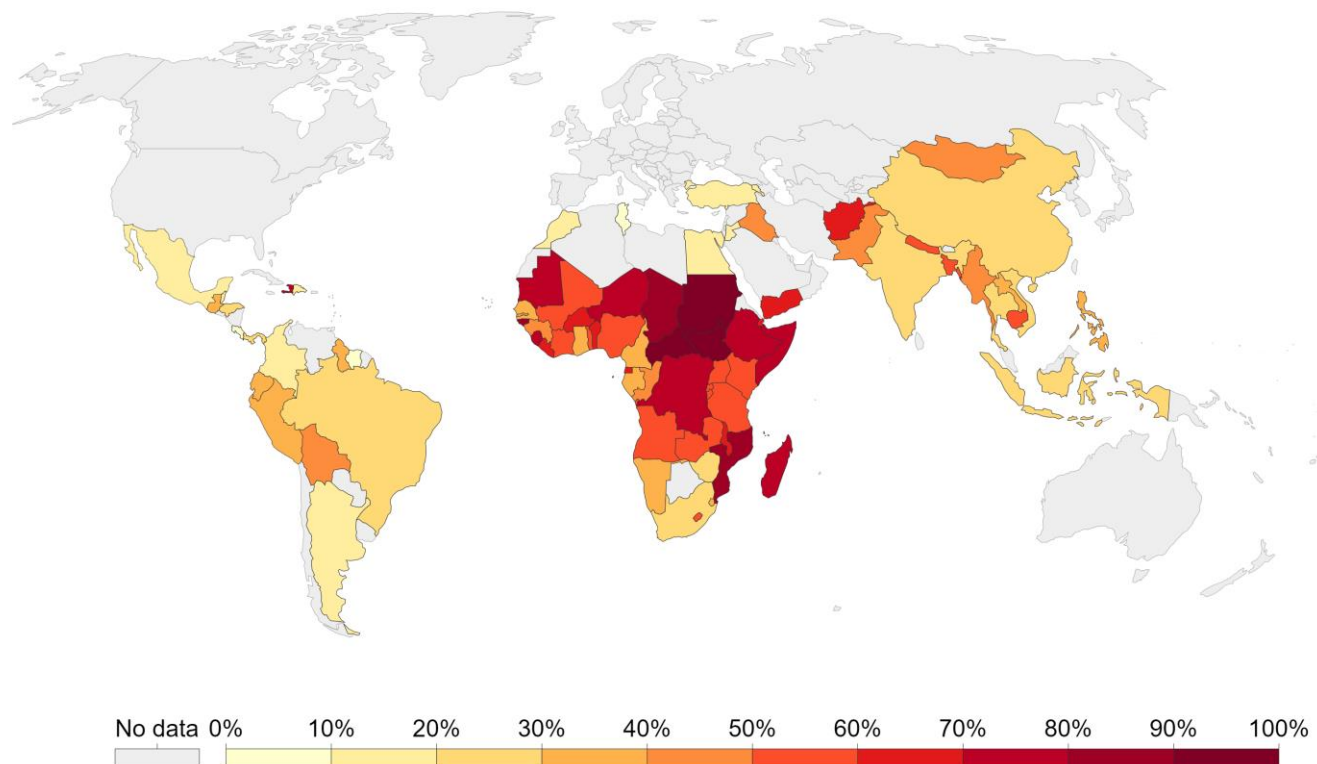
9 OUT OF 10 URBAN RESIDENTS BREATHE POLLUTED AIR



150 COUNTRIES HAVE DEVELOPED NATIONAL URBAN PLANS, WITH ALMOST HALF OF THEM IN THE IMPLEMENTATION PHASE

Share of urban population living in slums, 2014

A slum household is defined as a group of individuals living under the same roof lacking one or more of the following conditions: access to improved water, access to improved sanitation, sufficient living area, and durability of housing.



Source: UN HABITAT

OurWorldInData.org/urbanization • CC BY



TAKE URGENT ACTION TO COMBAT CLIMATE CHANGE AND ITS IMPACTS



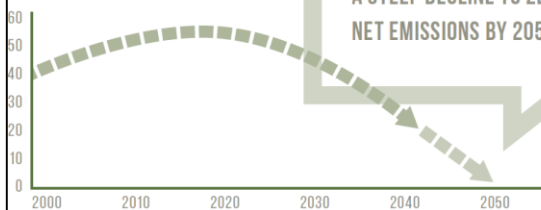
THE GLOBAL MEAN
TEMPERATURE IN
2018 IS APPROXIMATELY
1°C ABOVE
THE PRE-INDUSTRIAL BASELINE

CLIMATE-RELATED AND GEOPHYSICAL DISASTERS
CLAIMED AN ESTIMATED 1.3 MILLION LIVES
BETWEEN 1998 AND 2017



ATMOSPHERIC CO₂
CONCENTRATION IS
146% OF
PRE-INDUSTRIAL
LEVELS (2017)

TO LIMIT GLOBAL WARMING
TO 1.5°C, GLOBAL CARBON
EMISSIONS NEED TO FALL
TO 55% OF 2010 LEVELS
BY 2030 AND CONTINUE
A STEEP DECLINE TO ZERO
NET EMISSIONS BY 2050



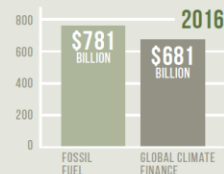
186 PARTIES
HAVE RATIFIED
THE PARIS
AGREEMENT



DESPITE AN INCREASE IN
GLOBAL CLIMATE FINANCE
FLOWS OF 17% (2015–2016),
COMPARED WITH 2013–2014,

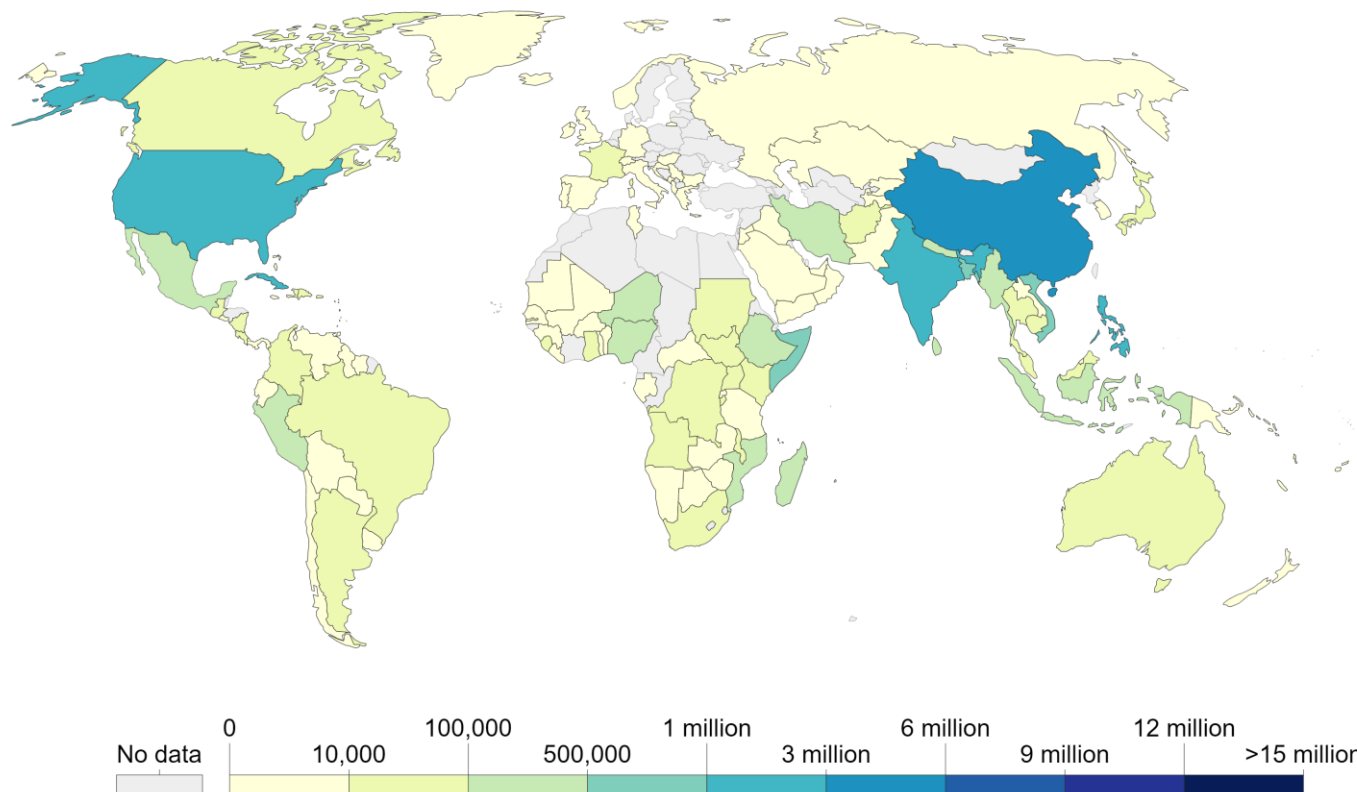


**INVESTMENT IN
FOSSIL FUELS**
CONTINUES TO BE HIGHER
THAN INVESTMENT IN
CLIMATE ACTIVITIES



Internally displaced persons from natural disasters, 2017

Internally displaced persons are defined as people or groups of people who have been forced or obliged to flee or to leave their homes or places of habitual residence, as a result of natural or human-made disasters and who have not crossed an international border.



Source: World Bank

OurWorldInData.org/natural-disasters • CC BY

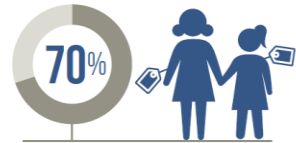
PROMOTE PEACEFUL AND INCLUSIVE SOCIETIES FOR SUSTAINABLE DEVELOPMENT, PROVIDE ACCESS TO JUSTICE FOR ALL AND BUILD EFFECTIVE, ACCOUNTABLE AND INCLUSIVE INSTITUTIONS AT ALL LEVELS



MEN
MAKE UP AROUND
80%
OF HOMICIDE
VICTIMS
OVERALL



BUT WOMEN
CONSTITUTE
64%
OF HOMICIDE
VICTIMS
OF INTIMATE PARTNER/
FAMILY-RELATED HOMICIDE



OF DETECTED VICTIMS OF
HUMAN TRAFFICKING ARE
WOMEN AND GIRLS

MOST OF WHOM
ARE TRAFFICKED
FOR SEXUAL
EXPLOITATION



**BIRTH
REGISTRATION**



ONLY THREE
QUARTERS
OF CHILDREN
UNDER AGE 5
GLOBALLY



LESS THAN HALF
OF CHILDREN
UNDER AGE 5 IN
SUB-SAHARAN
AFRICA

UN RECORDED AND VERIFIED

**397 ADDITIONAL
KILLINGS**

OF HUMAN RIGHTS DEFENDERS,
JOURNALISTS AND TRADE
UNIONISTS ACROSS 41 COUNTRIES
(JAN.-OCT. 2018)

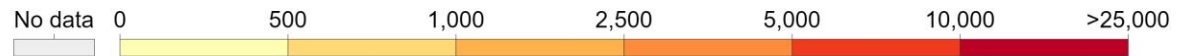
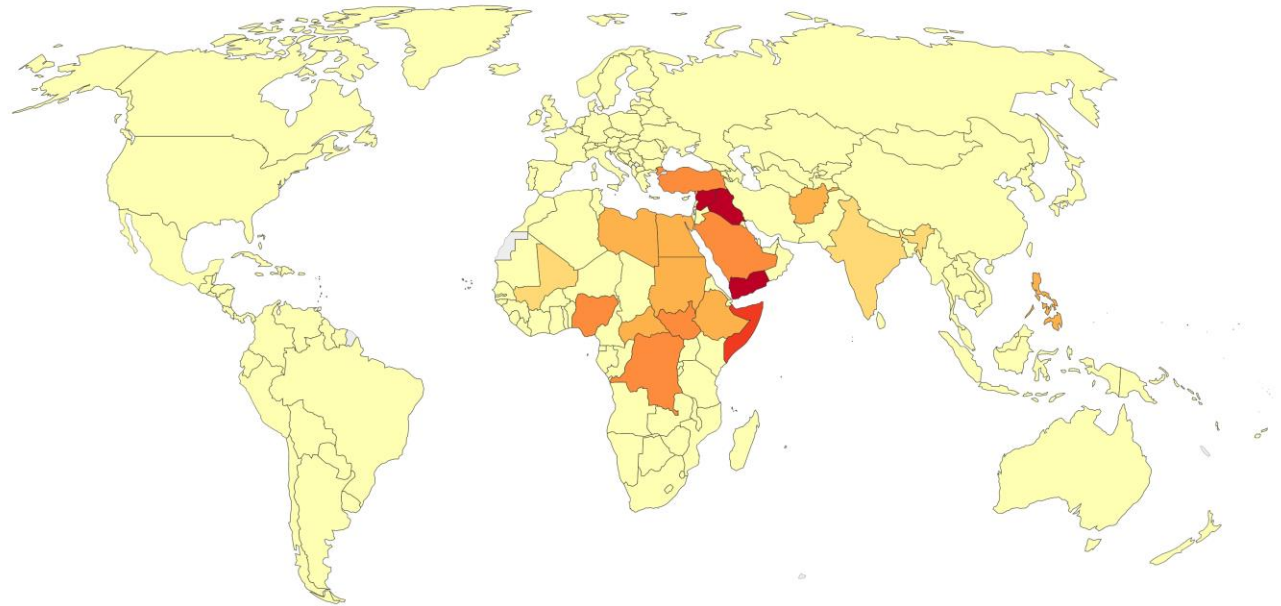


91 JOURNALISTS AND
BLOGGERS WERE
AMONG THE VICTIMS

Deaths from conflict and terrorism, 2017

Total combined number of deaths from conflict (civil conflict and war between states) and terrorism.

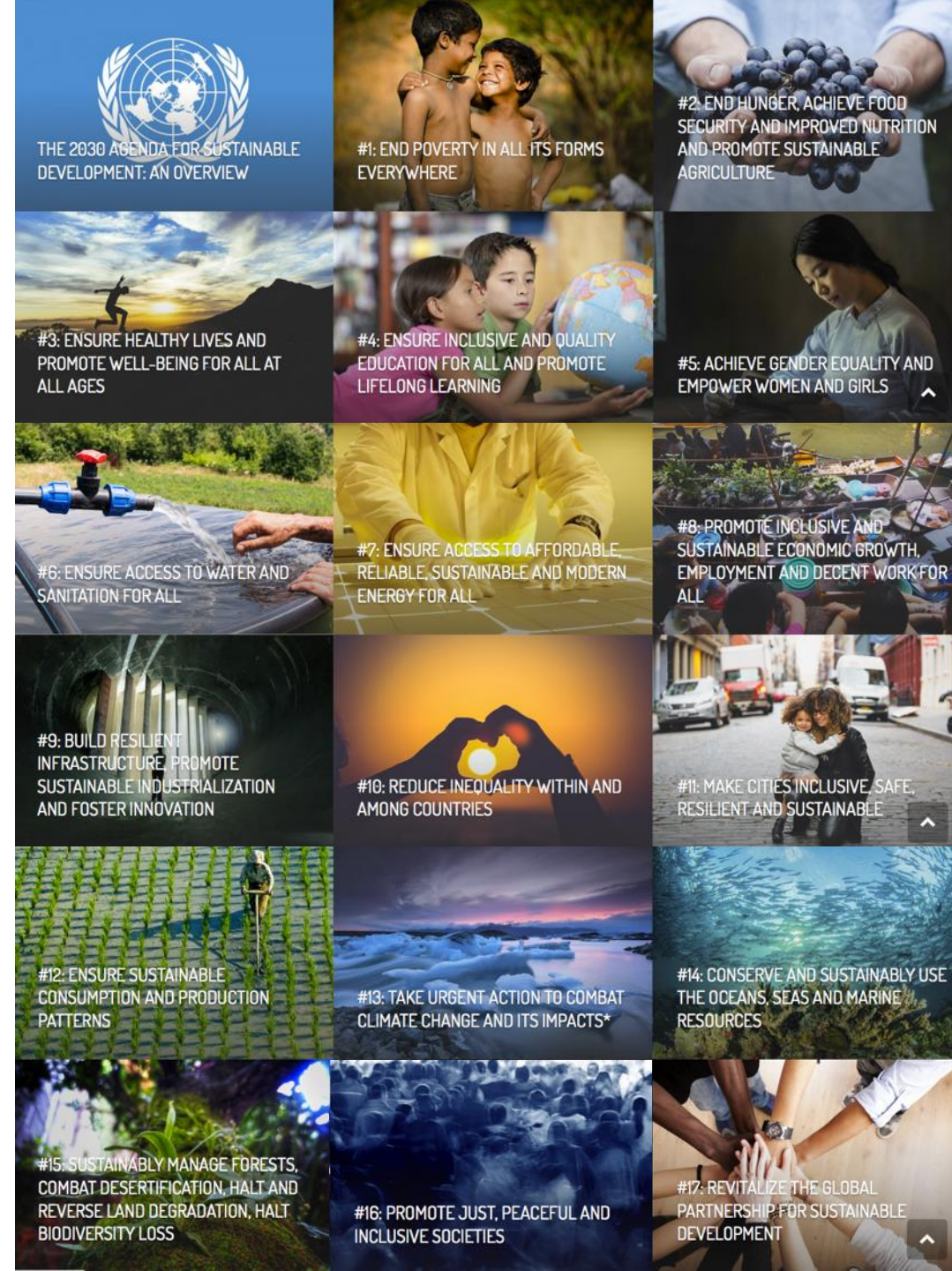
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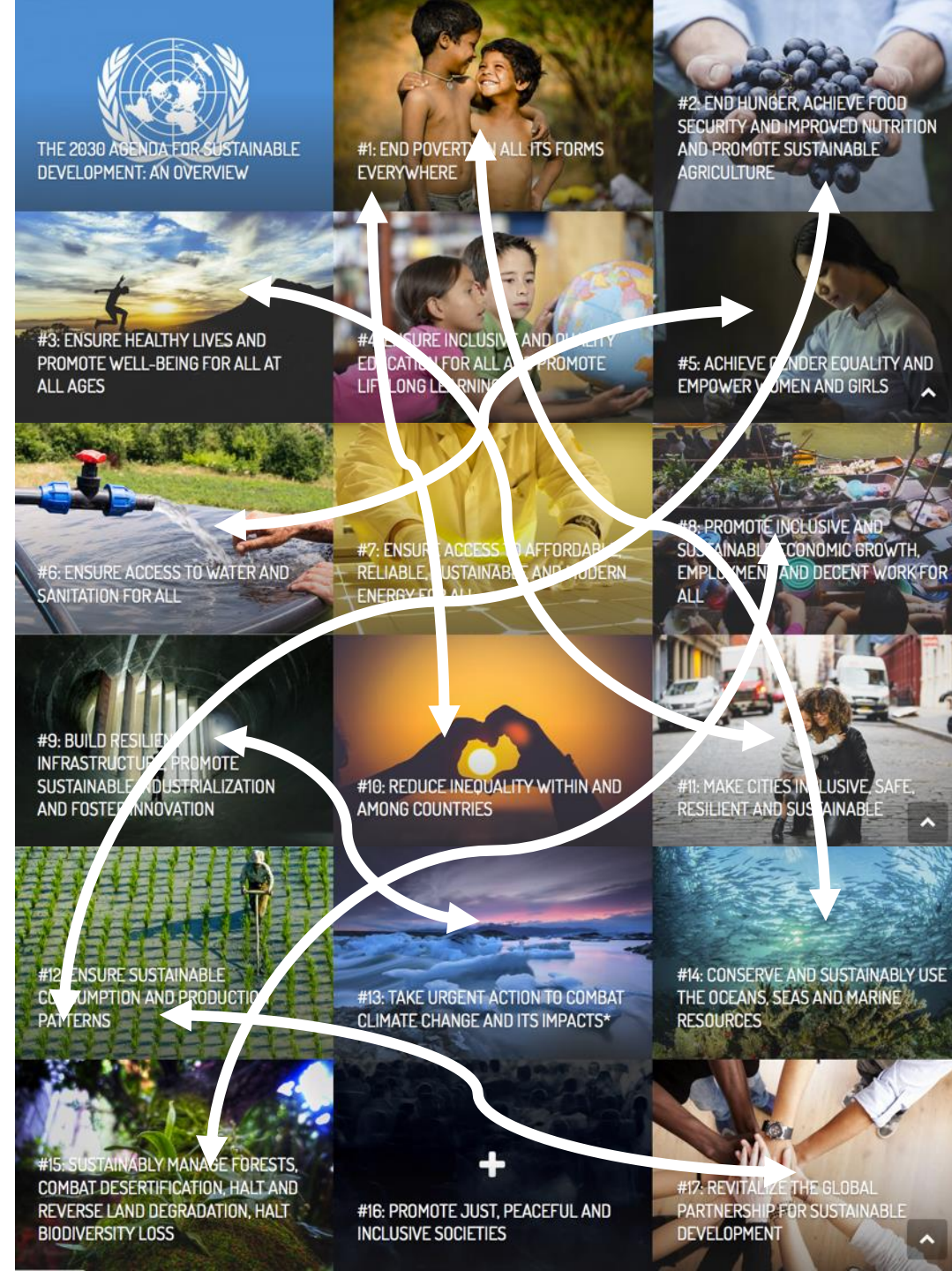
Source: Institute for Health Metrics and Evaluation (IHME)

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Each goal
is
important



Each goal
is
important



And they
are all
connected

***“Of all forms of
inequality, inequality in
health care is the most
shocking and inhumane”***

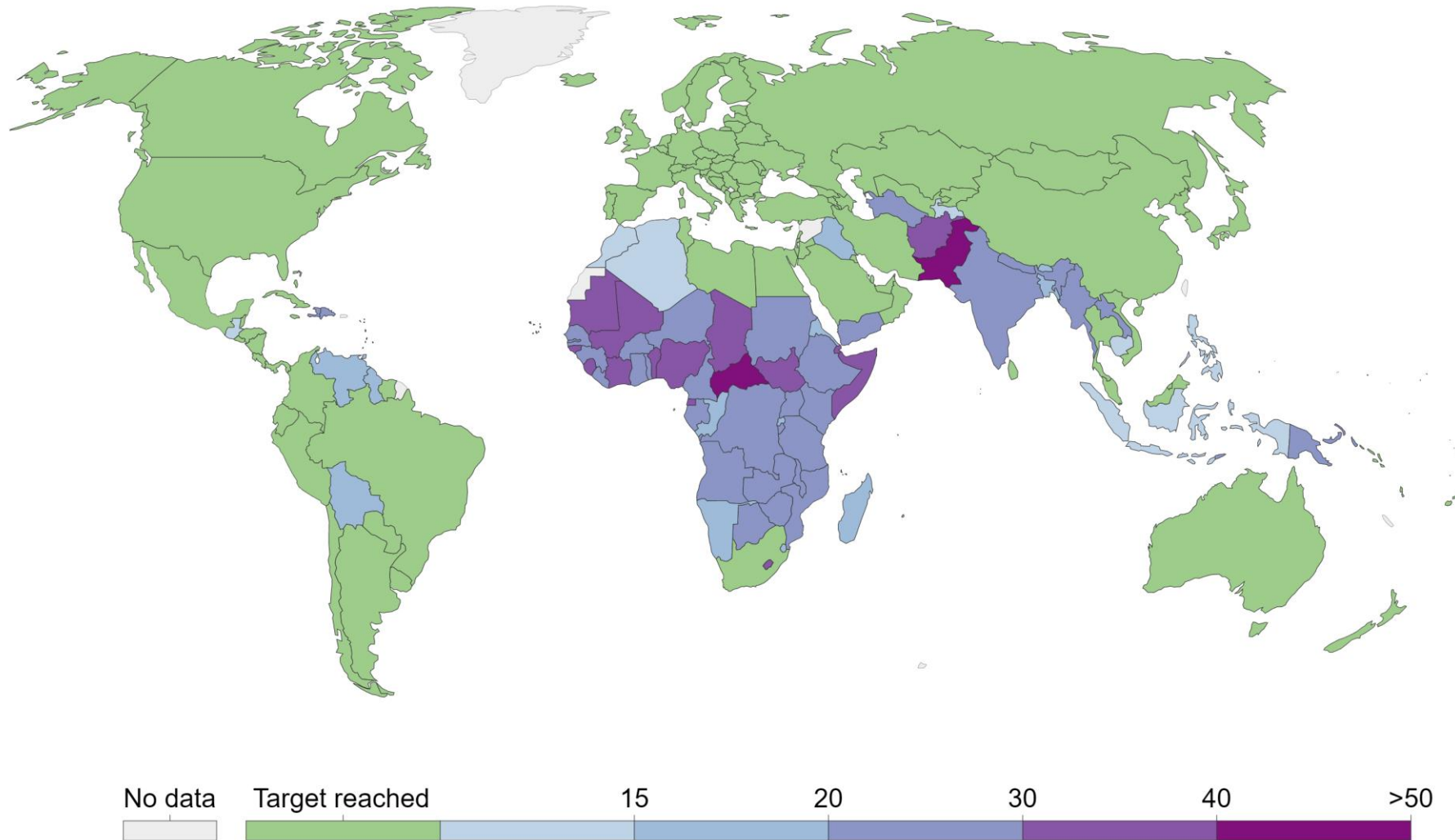


Martin Luther King

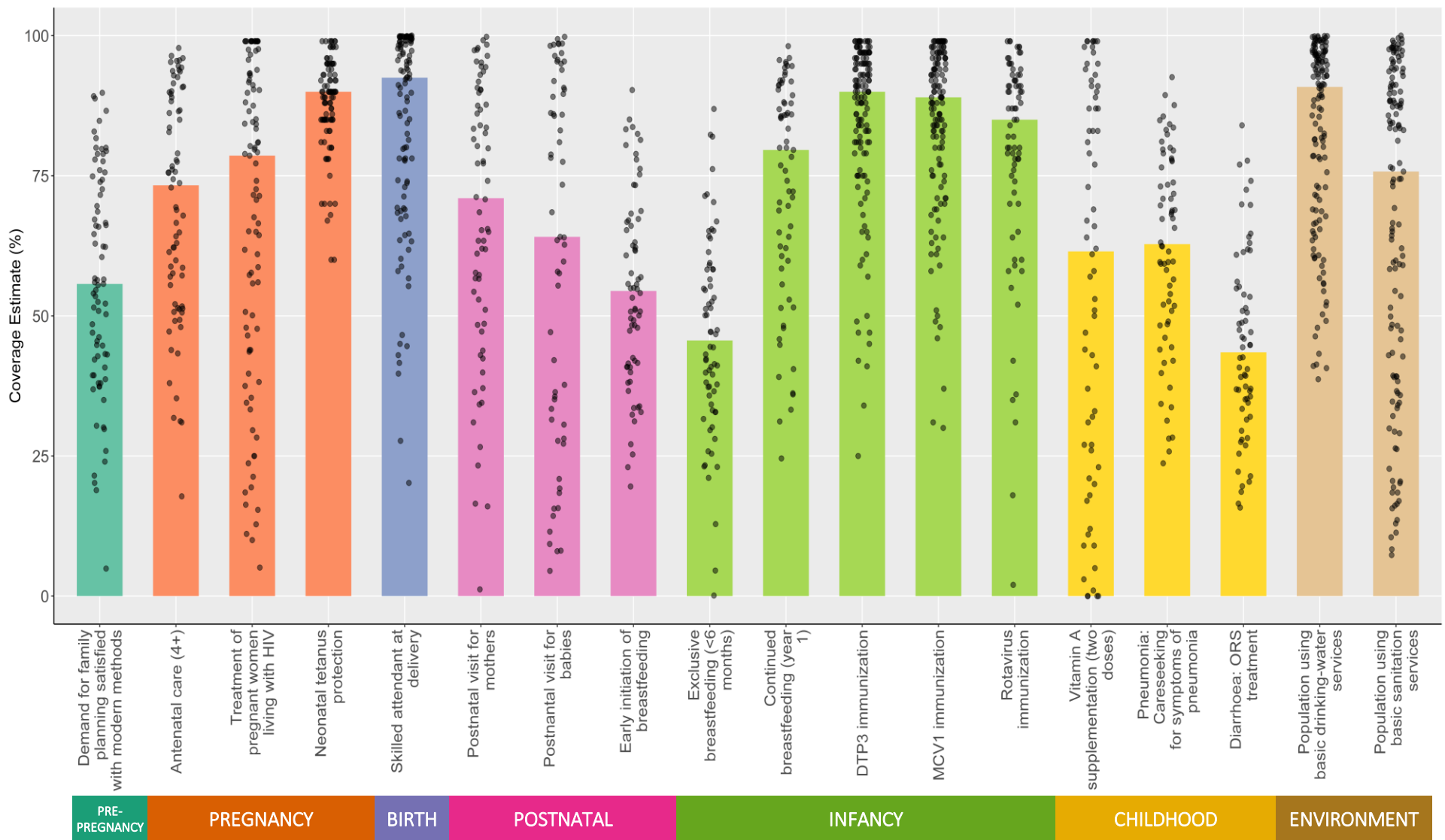
Our World
in Data

Neonatal mortality rate, 2017

Neonatal mortality rate is the number of neonates dying before reaching 28 days of age, per 1,000 live births in a given year. SDG Target 3.2 is to reduce neonatal mortality rates to at least as low as 12 per 1,000 live births by 2030.



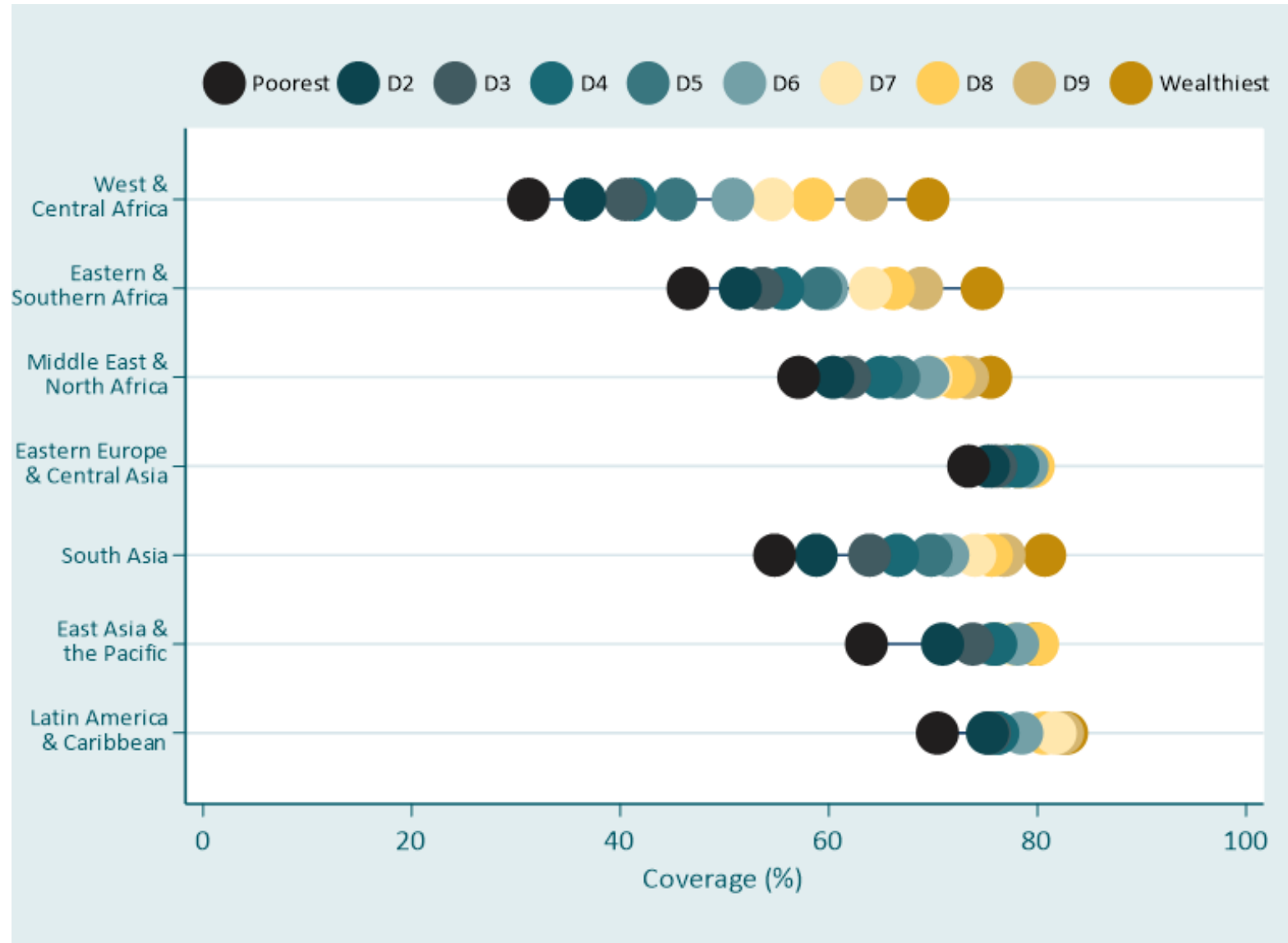
Global Inequities in Coverage Persist



Median national coverage of select interventions, most recent survey, 2014 and later (%)

Requejo et al (2019)

Composite Coverage Index & Wealth Deciles

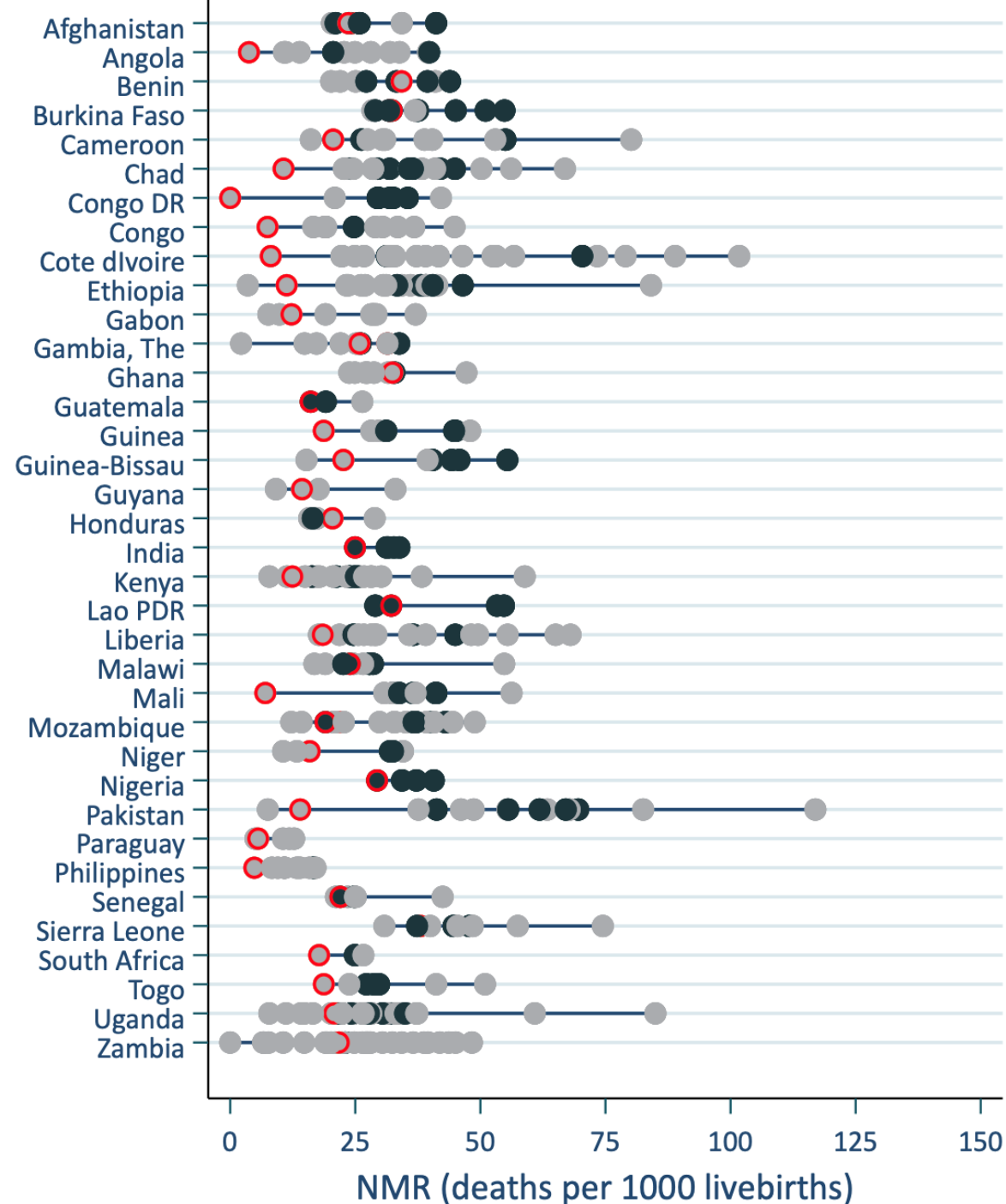


Mortality & Stunting by wealth (global means)



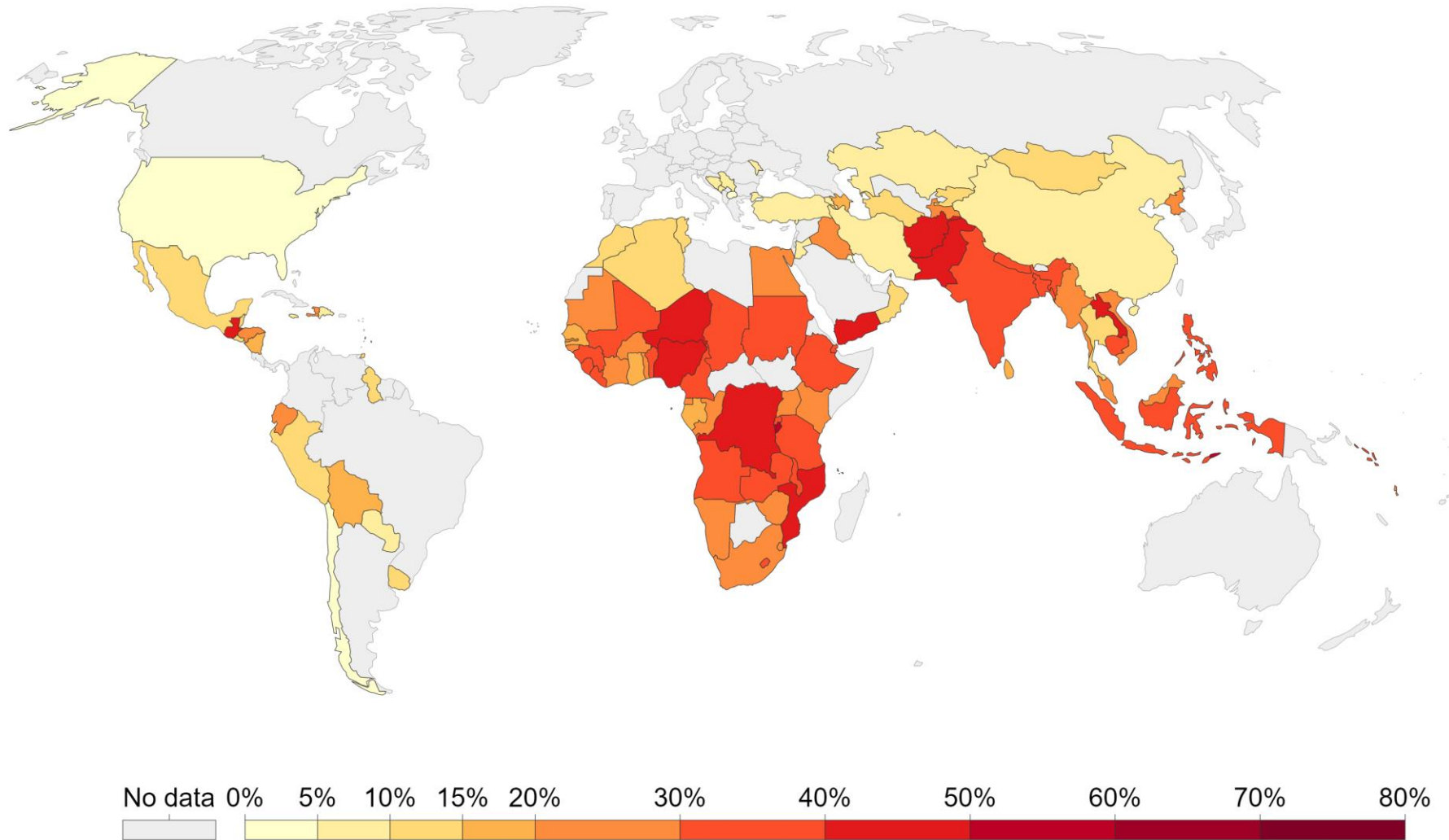
Ethplot Neonatal Mortality Rate by ethnicity

- Red circles show the ethnic group with the largest number of births in each country
- Dark dots show estimates with a coefficient of variation <15%
- Grey dots show estimates with a coefficient of variation of $\geq 15\%$



Share of children who are stunted, 2016

The share of children younger than five who are stunted – significantly shorter than the average for their age, as a consequence of poor nutrition and/or repeated infection.



Source: World Health Organization (WHO); UNICEF

OurWorldInData.org/hunger-and-undernourishment • CC BY

Note: Stunting in children is defined as being less than two standard deviations below the median height for their age.

Why Stunting?



Stunted children are **2-4 times as likely to die** before age five as their peers; undernutrition is a driver of up to **45% of all child death**¹



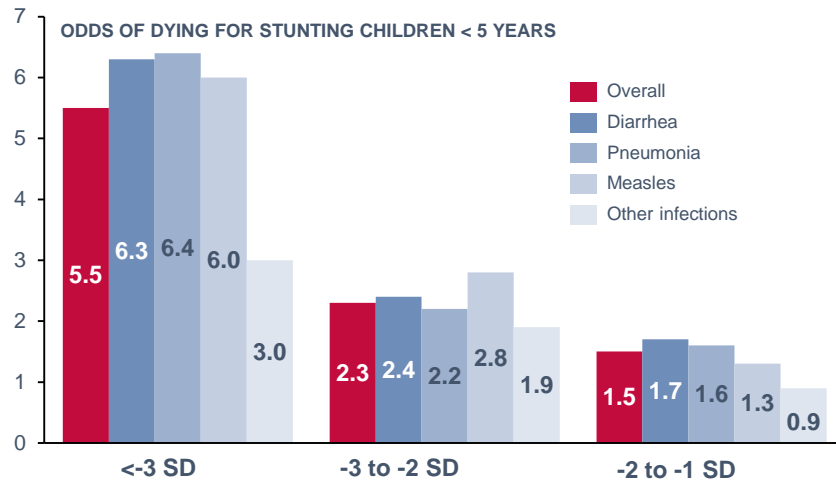
Stunting is associated with delayed cognitive development and up to an **11-point reduction in expected IQ**



At the societal level, stunting reflect limitations in a country's ability to compete in the knowledge economy; it **correlates with costs of up to 11% of expected annual GDP**

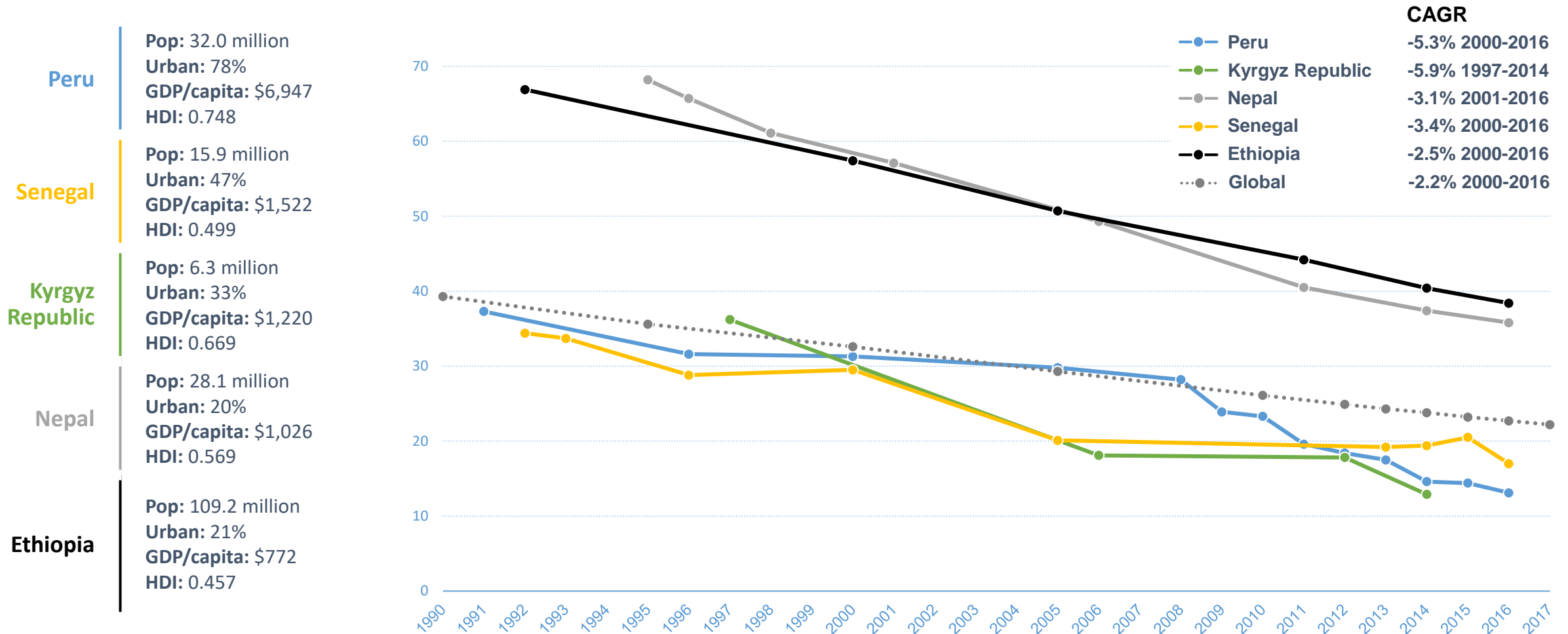


Stunting, and malnutrition more broadly is a vicious cycle – with high rates of **intergenerational transfer**, and a **feedback loop of low immunity, infection, and malnutrition**



1. In 2011, Black, Robert & Victora, Cesar & Walker, Susan & Bhutta, Zulfiqar et al. (2013). Maternal and Child Undernutrition and Overweight in Low-Income and Middle-Income Countries. Lancet. 382. 10.1016/S0140-6736(13)60937-X.

Exemplar countries experienced significant stunting reduction, despite varying contexts and initial prevalence



Source: World Bank open data; GDP per capita in current US\$ as of 2018

Stunting Exemplars

Technical Advisory Group Members

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Dr. Robert Black, John Hopkins University
Dr. Sue Horton, Univ. of Waterloo
Dr. Joanne Katz, JHU
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Senegal
Université Cheikh Anta
Diop (University of Dakar)

Ethiopia
Addis Ababa
University (AAU)

Kyrgyz Republic
Univ. of Central
Asia (UCA)

Nepal
Nepal Public Health
Foundation (NPHF)

Stunting reduction in Peru

GDP/Capita: \$6.9K

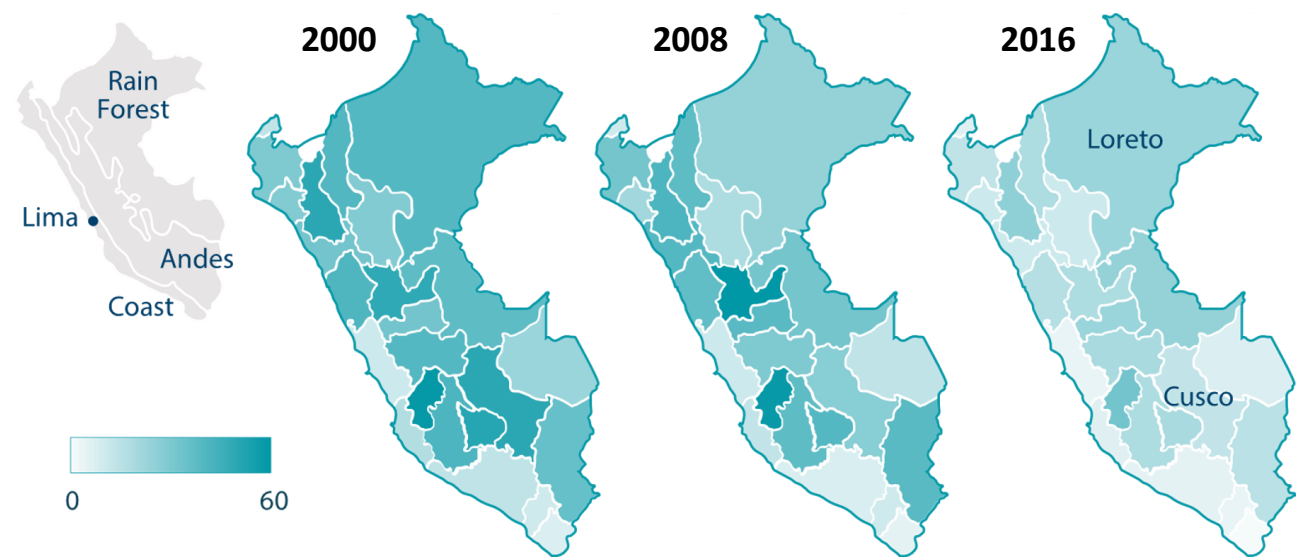
HDI: 0.748

Population: 32M

Geography: Includes expansive alpine & Amazon regions (22% rural)

UNDER-5 STUNTING PREVALENCE

REGIONAL MAP



- » **1992:** Leaders of Shining Path guerilla movement captured, **ending internal conflict**
- » **2000:** End of Fujimori presidency. Beginning of over a **decade of sustained income growth** (from ~\$2K to ~\$5K)
- » **2002:** **Acuerdo Nacional** lays out key national goals, including equity and social justice
- » **2006:** **Alan Garcia** elected President

¹DHS; GDP per capita in current US\$ as of 2017 from World Bank open data

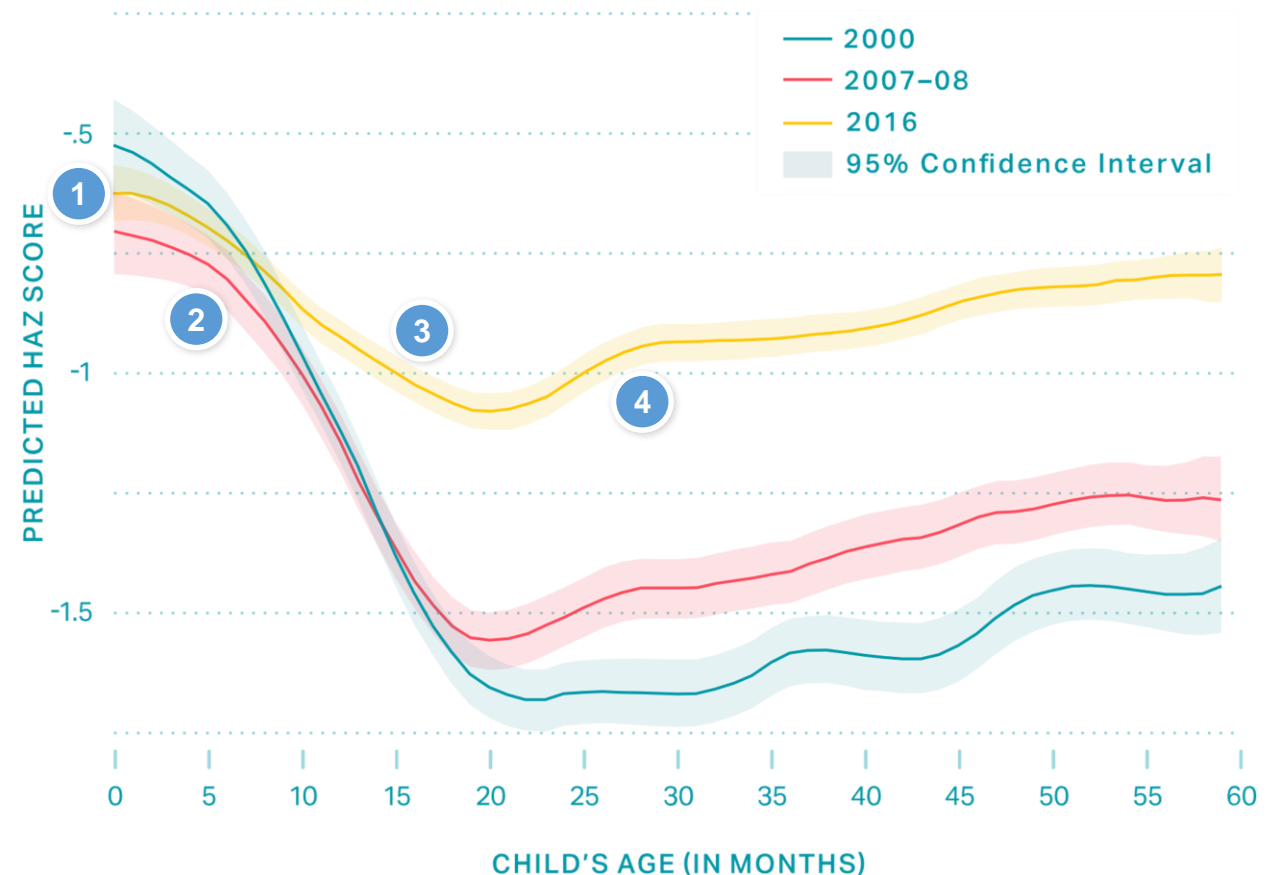
INFORMATIONAL STATISTICS¹

	Prior		Recent	
U5MR <i>Per 1,000 live births</i>	47	(2000)	21	(2016)
NMR <i>Per 1,000 live births</i>	18	(2000)	11	(2016)
MMR <i>Per 100,000 live births</i>	185	(2000)	157	(2011)
Total fertility rate <i>Per woman</i>	2.8	(2000)	2.5	(2016)
ANC4+ <i>Percent</i>	69	(2000)	98	(2016)
Wasting <i>Percent</i>	1.1	(2000)	0.6	(2016)
DTP3 coverage <i>Percent</i>	79	(2005)	73	(2016)
Open defecation <i>Percent</i>	19	(2000)	7	(2016)

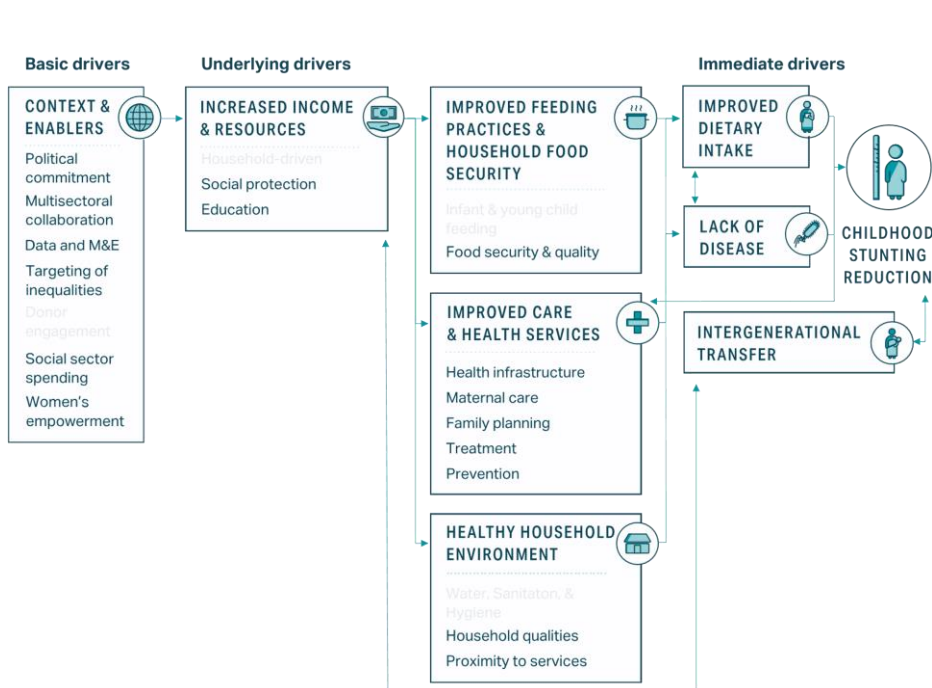
The timing of linear growth retardation over time

1. While maternal nutritional status has improved and height increased in Peru, the relative similarity in y-intercept from 2000 to 2016 demonstrates this **has not translated into a substantial reduction in child birth disadvantage**
2. A slight flattening of HAZ curve for 0–6 month children from 2000 to 2016 **suggests positive impact of breastfeeding and optimal household environment**
3. Dramatic flattening of HAZ slope for 6–23 month children suggests **major improvements in disease management, dietary intake and household environment**
4. **Children at 24 months start off significantly taller and healthier in 2016 (HAZ -1.0) than those in 2000 (HAZ -1.9); growth faltering plateaus thereafter**

PREDICTED HAZ SCORE BY CHILD AGE (VICTORA CURVES)



The contribution of various drivers and sectors to improving growth



IMPROVED CARE & HEALTH SERVICES

- » Peru expanded access to health services:
 - » Increased demand through health insurance for the poor and a nationwide conditional cash transfer (CCT) program
 - » Increased supply by constructing health facilities & incentivizing health workers to work in rural areas
- » Significant **investment in antenatal care and delivery care access and evidence-based interventions**



IMPROVED FEEDING PRACTICES & HOUSEHOLD FOOD SECURITY

- » Closer proximity to urban centers, combined with increased income, likely improved food security
- » Improvements in food security were reflected in a substantial migration of people (especially young people) from remote mountain rural areas to lower-lying urban areas



INCREASED INCOME & RESOURCES

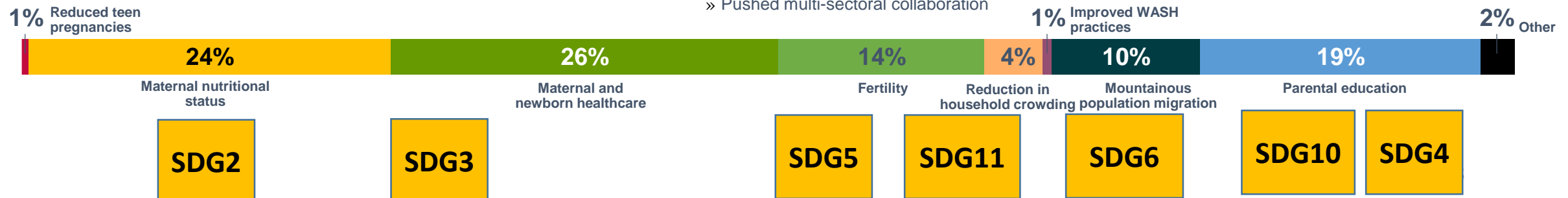
- » Pro-poor programs included a CCT program which:
 - » Supplemented incomes
 - » Incentivized health and education-seeking behavior
- » Increase in education driven by a mandated two-year increase in school attendance drove improved educational attainment



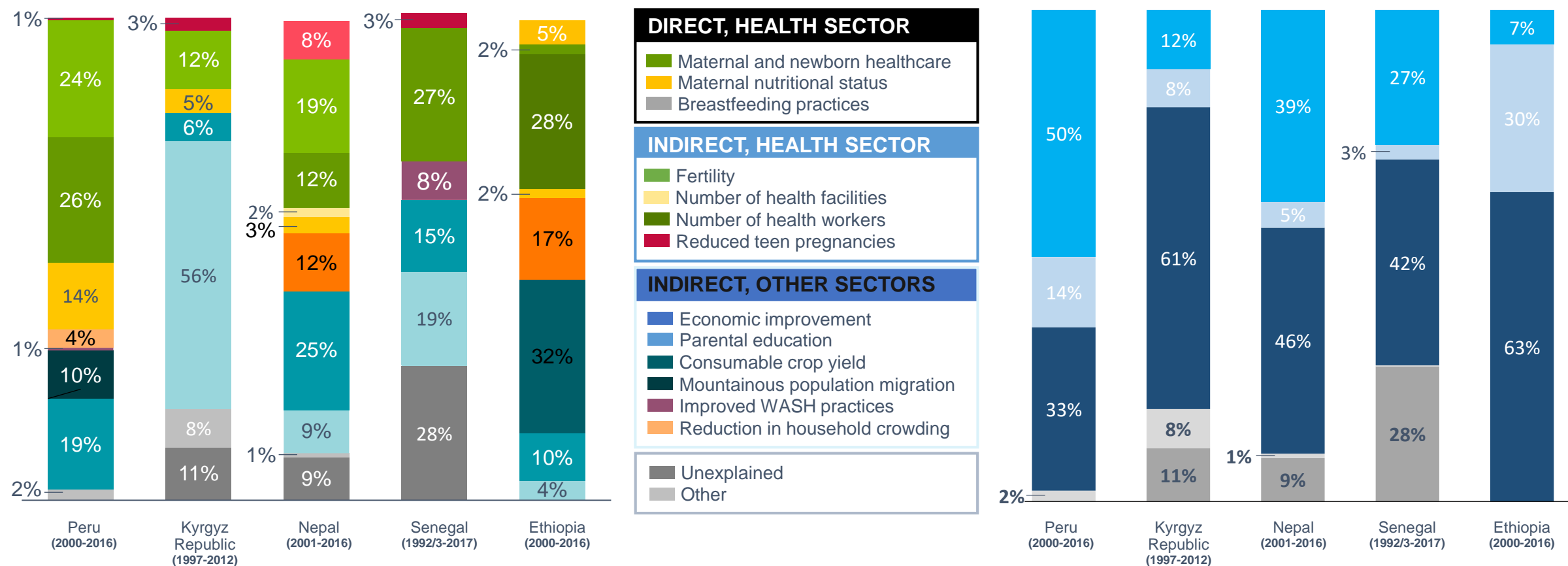
CONTEXT & ENABLERS

- » Positive country-wide contextual drivers:
 - » The end of internal conflict
 - » Steady economic growth
- » Ministry of Finance-led results-based budgeting ensured efficient targeting of resources
- » Society-wide agreement on pro-poor political values and policy goals:
 - » Paved the way for pro-poor health and nutrition programs
 - » Pushed multi-sectoral collaboration

Peru
(2000–2016)

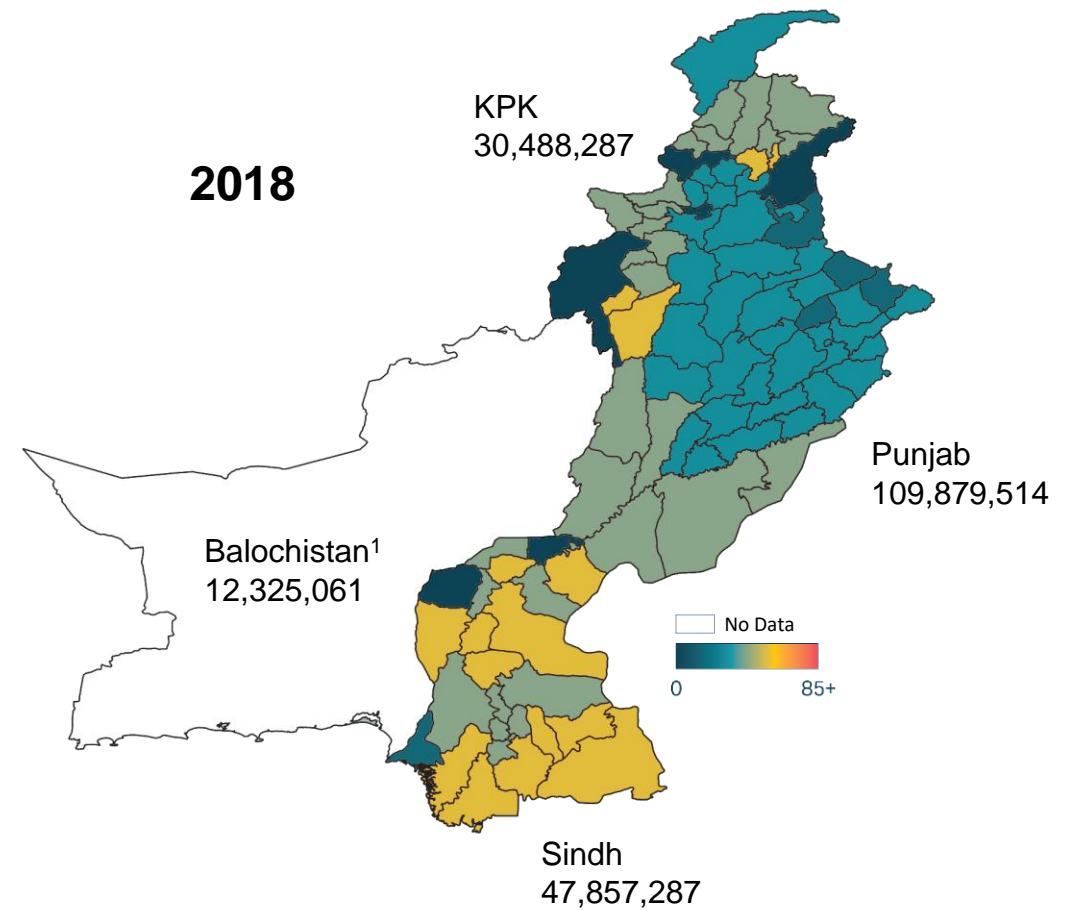
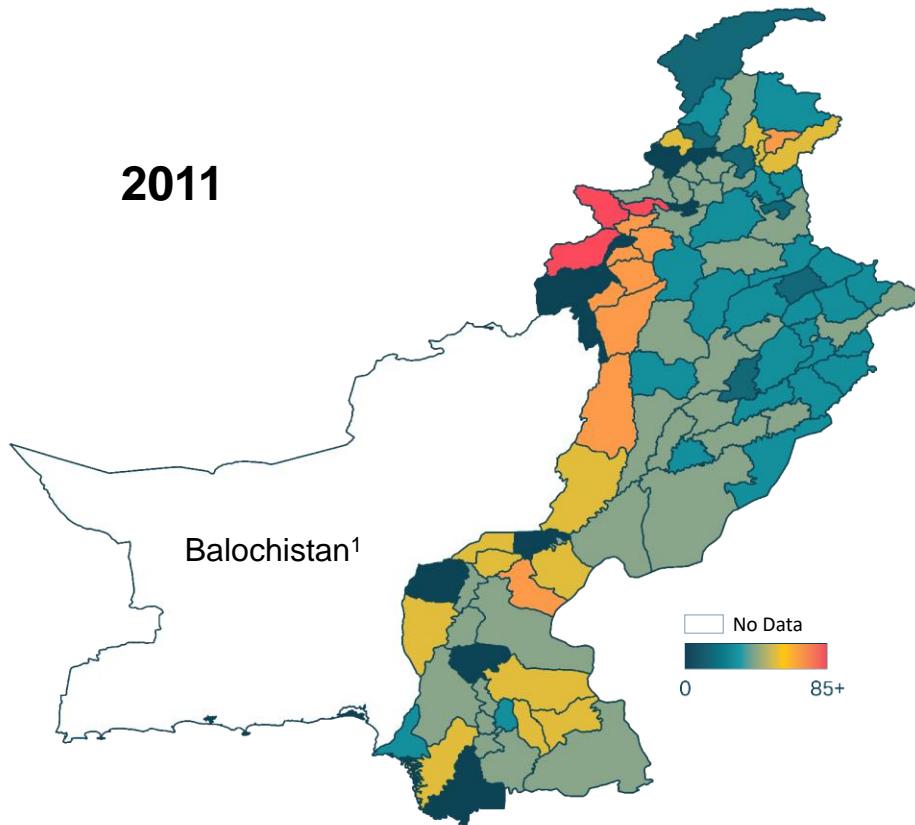


Pathways to stunting reduction require Both Direct and indirect nutrition actions that are inside and outside of the health sector



Note: The Kyrgyz Republic sample is of children under 3 years of age, Parental education breakdown: Peru (17.8% maternal, 2.7% paternal), Kyrgyz Republic (5.8% paternal), Nepal (12.2% maternal, 12.5% paternal), Senegal (7.5% maternal, 7.4% paternal), and Ethiopia (5.2% maternal, 5.0% paternal), "Other" category includes child age, gender, and region, The following surveys were excluded due to unreliable data: 2014 Kyrgyz Republic MICS and 1996 Nepal DHS

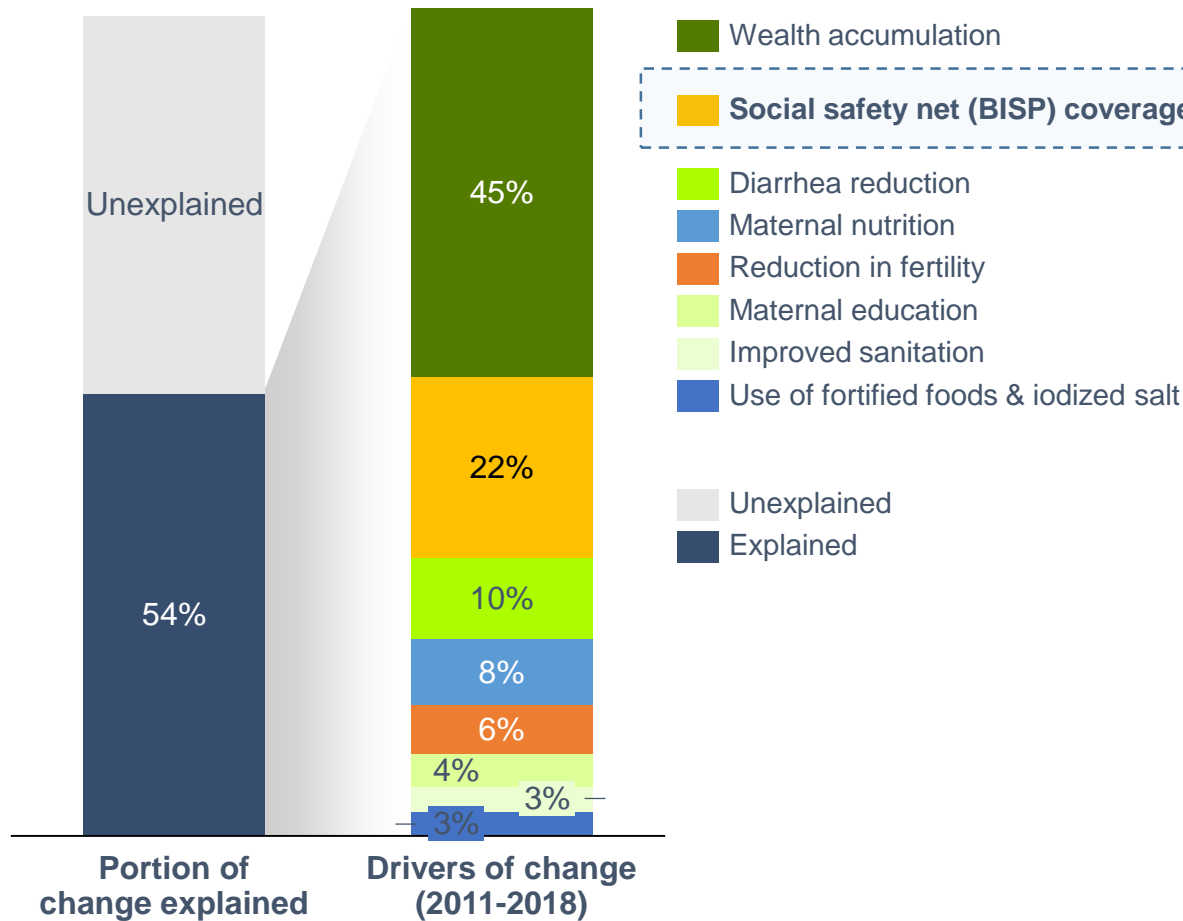
National averages mask subnational change in stunting



¹Balochistan excluded from analysis because of poor quality height/weight data (missingness, implausible z-scores, and digit preference beyond what's noted for other exemplars)

Data source: NNS 2011, 2018

Accelerated change needed interventions across non-health sectors & social protection



Data source: NNS 2011, 2018

Political will

1 STAKEHOLDER CONSULTATION / BUY-IN

Political will

2 ROBUST SITUATIONAL ANALYSIS

Indirect, non-health sector

3 ADDRESS FOOD INSECURITY – ESPECIALLY FOR MARGINALIZED POPULATIONS

Indirect, non-health sector

4 INVEST IN EDUCATION, ESPECIALLY FOR GIRLS

Indirect, non-health sector

5 ADDRESS GENDER DISPARITIES AND EMPOWER WOMEN

Indirect, non-health sector

6 IMPROVE LIVING CONDITIONS, ESP. WASH

Indirect, health sector

7 ACCESS TO FAMILY PLANNING AND REDUCTION OF HIGH-RISK PREGNANCIES

Direct, health sector

8 ACCESS TO MATERNAL AND NEWBORN HEALTH CARE

Direct, health sector

9 PROMOTION OF EARLY AND EXCLUSIVE BREASTFEEDING

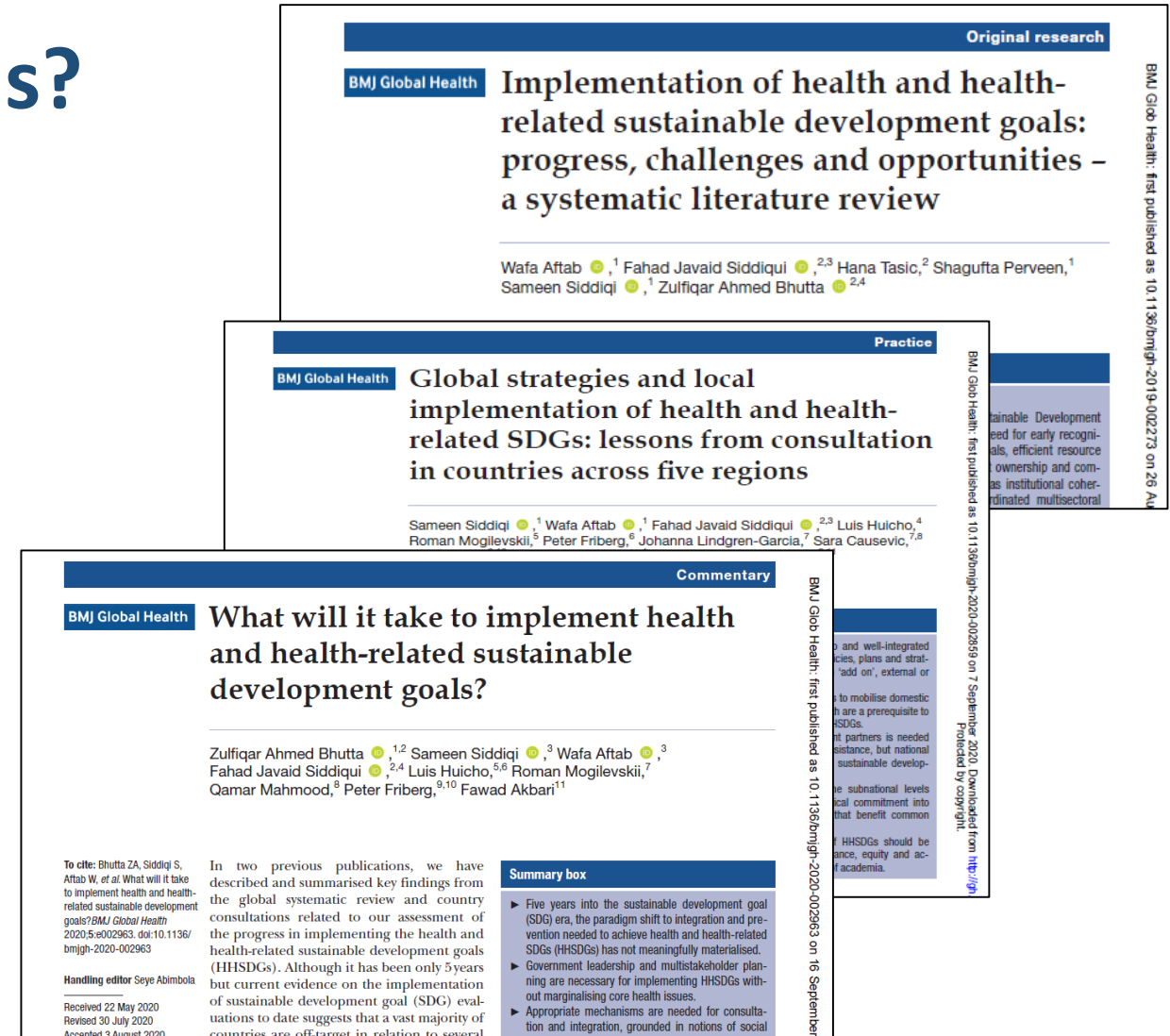
Direct, health sector

10 IMPROVING COMPLEMENTARY FEEDING AND DIETARY DIVERSIFICATION

**The road to inaction is paved with
research reports**

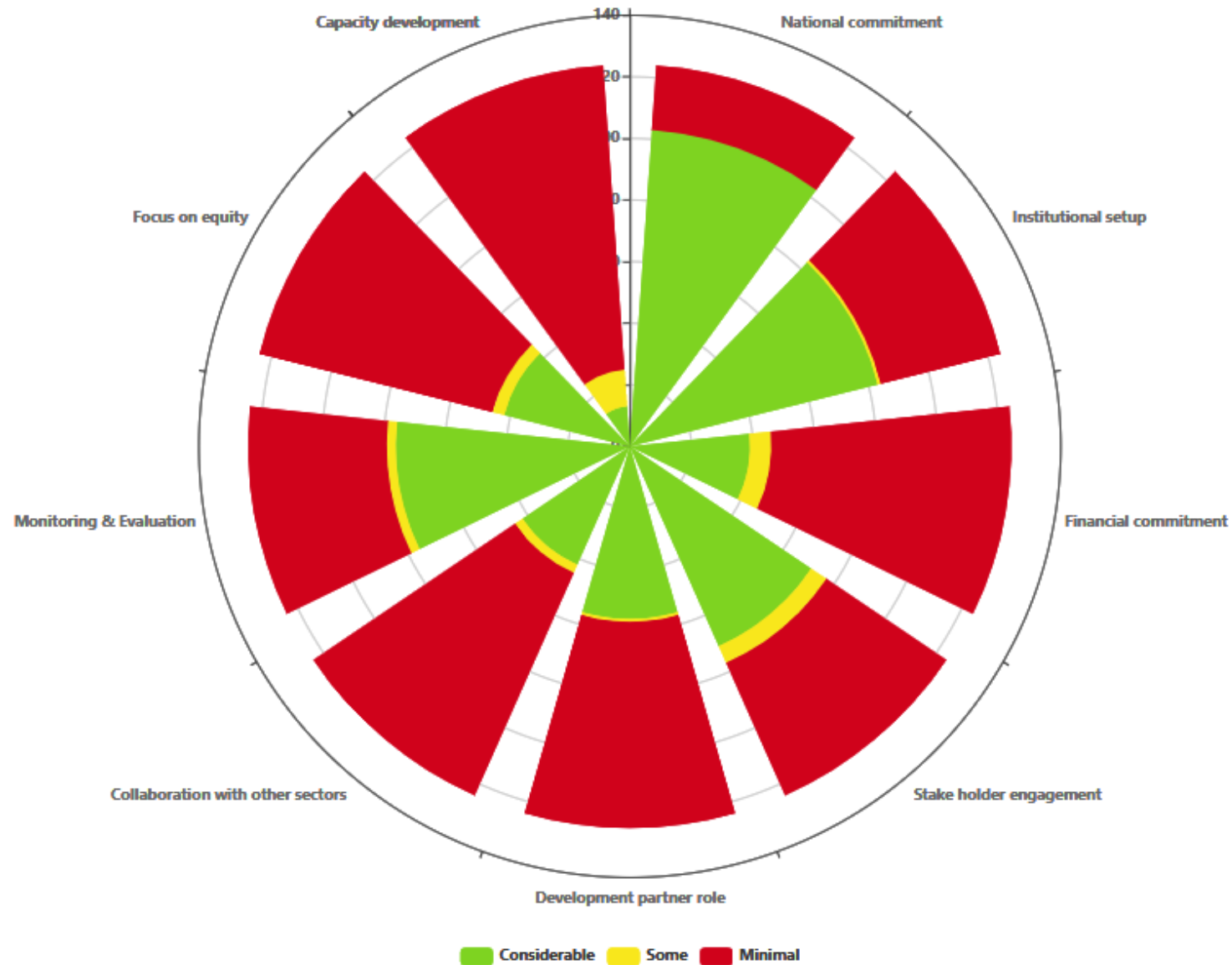
Three Asks re implementation of Health & Health-related SDGs?

1. What has happened globally since the SDGs were launched in September 2015?
2. What is happening in countries with reference to agenda 2030 for HHSDGs?
3. What can and should be done to support integrated implementation?

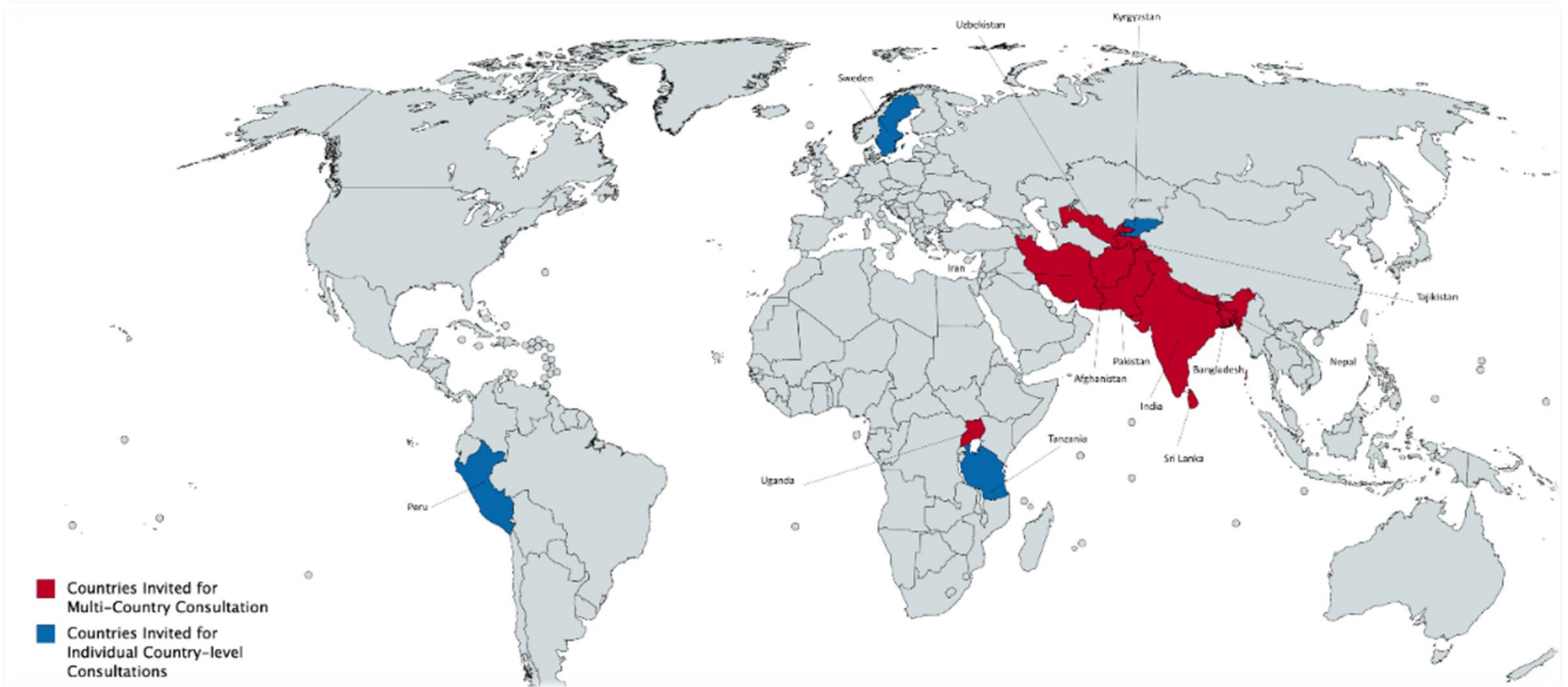


Limited available of information by domain

Based on 124 countries mentioned in the included studies.



A deeper dive in countries & regional consultations



Key Findings

- Despite the relatively short period since the launch of the SDGs, there is awareness of their importance to the national development agenda, though many ministries of health are still in the MDG mode.
- Given the current situation in their countries and region, it may not be possible to achieve the 2030 agenda without **accelerating** the implementation of HHSDGs.
- Integrated implementation of HHSDGs would need to become **central to the development agenda**, especially at sub-national level and not be seen as additional, external or vertical initiatives.

Way Forward (1) Political Will

- **Government leadership and multi-sectoral planning is needed ... BUT health should not be marginalized in the context of multi-sectoral planning.**
- The role of **political leaders and champions is critical** if we are to affect change
- Given the slow progress in HHSDGs, **accelerated implementation** will be critical to allow for a full decade of intensive implementation.
- HHSDGs should be **central** to and **well integrated** within existing and future policies, plans and strategies and **not be seen as an 'add on', external or vertical initiative**

Way Forward (2)... Devolved Implementation

- **Implementation capacity at the sub-national levels must be strengthened** so that political commitment to HHSDGs is translated into effective programs.
- Policy makers/implementers should pay attention to appropriate **integrated institutional oversight structures** which support multi-sectoral work.
- **Central Planning & Development Ministries must link with provincial counterparts for implementing and** empower and capacitate local governments in devolved health systems

Way Forward (3) ... Reaching the unreached!

- The focus of HHSDGs must be on **equity** and **reaching the most marginalized**, whether based on socio-economic deprivations, ethnicity or religion.
- **Equitable access to UHC**, especially in primary care settings is critical, even though it is insufficiently stressed in current plans
- **Proactive action is needed on gender equality** – ensure representation of women in leadership positions and within research teams

Way Forward (4) ... a role for Civic Society

- **Mechanism for consultation and integration.** Participatory governance mechanisms which have clear institutional roles for various civil society actors and disadvantaged and minority populations.
- **Role of civic society critical to bring pressure & secure resources.** This must be facilitated by appropriate mechanisms to link civic society representatives to policy makers

Way Forward (5) Adequate Resources

- **Innovative financing** strategies will be needed to mobilize domestic resources earmarked for HHSDGs.
- Engagement with development partners is needed for financial and technical assistance (and capacity enhancement) but **national governments should lead the SDG agenda**
- Adequate resources for **human resources** and diverse, contextually relevant **implementation platforms** are a prerequisite for effective implementation of HHSDGs

Way Forward (6) M&E and Accountability

- Solid, **evidence informed** Monitoring and Evaluation of HHSDGs is a pre-requisite for accountability and ... current measures need to be revisited
- Must link to **strong Statistical & Information Systems** with ability to produce reliable, timely, disaggregated data including better quality routine administrative data which is utilized.
- Partnerships and the role of academia and health care professionals is important and could link to national and regional **Think Tanks or Policy Groups.** and empowerment.

**“The point is simple:
talking about the
problems of the
world without talking
about some
accessible solutions
is the way to
paralysis rather than
progress.”**

Poor Economics



Abhijit Banerjee & Esther Duflo
Nobel Laureates Economics 2019