

HiAP and SDGs

Concepts, Regional Challenges and Opportunities for Health and Development

**HEALTH-IN-ALL-POLICIES: AN APPROACH TO ACHIEVE SUSTAINABLE DEVELOPMENT
GOALS IN THE EASTERN MEDITERRANEAN REGION**

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World Health
Organization

Presentation Themes

**Grandest
Opportunity**

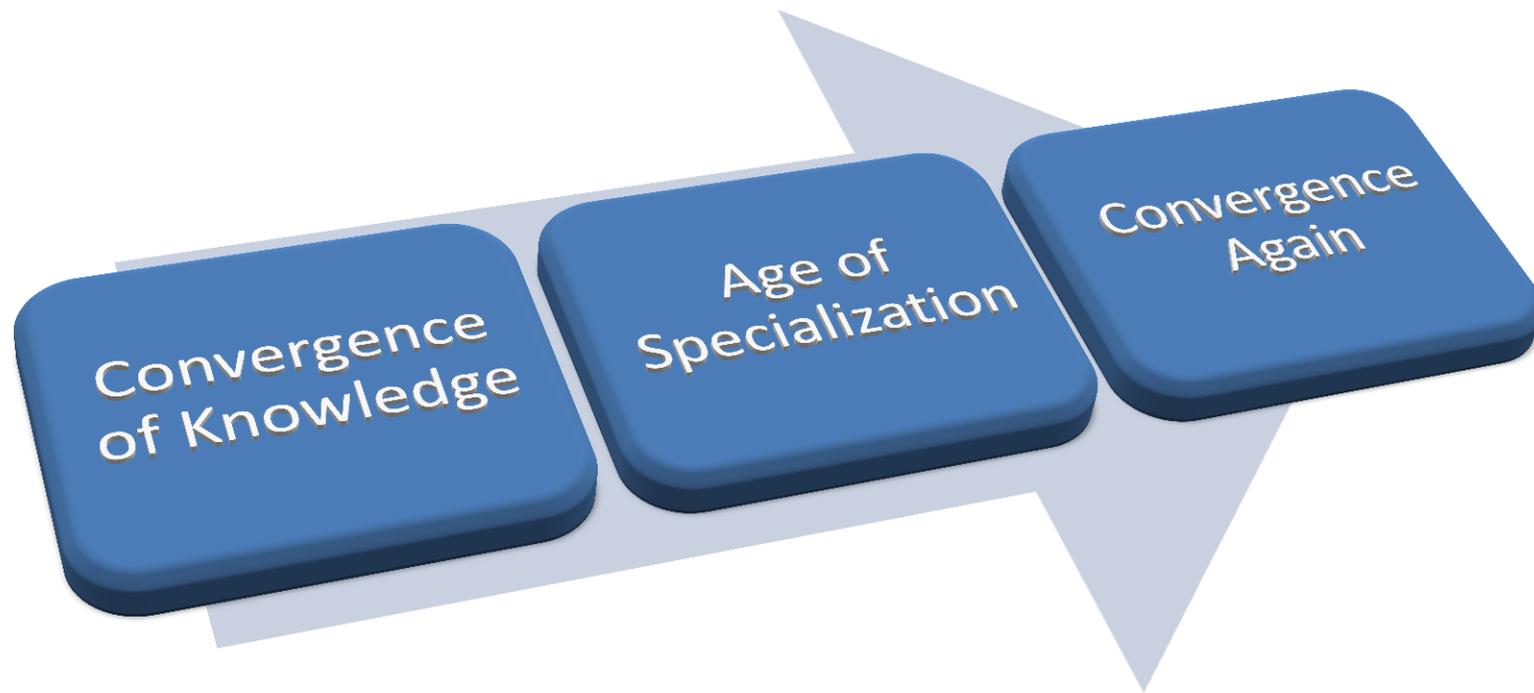
**Policy
Coherence**

**Institutional
Challenge**

Centripetal Forces in Development are at Work

...we continue to learn

Evolution of Knowledge and Wisdom





Source: Dahlgren G and Whitehead M (1991) *Policies and strategies to promote social equity in health*. Stockholm, Institute of Future Studies.

Health Promotion

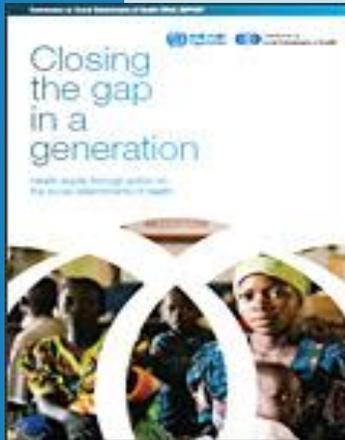
2013 & 2016

We see Health in All Policies as a constituent part of countries' contribution to achieving the United Nations Millennium Development Goals and it must remain a key consideration in the drafting of the post-2015 Development Agenda. *The Helsinki statement on Health in All Policies (2013)*

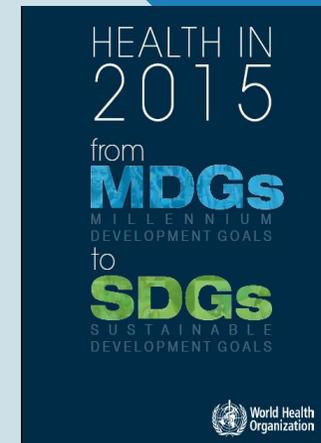


WHO &

SUSTAINABLE DEVELOPMENT GOALS



Health-in -
all-policies



...and often erroneous

Big Assumptions about Policies

- *...that once policies are developed they are also implemented !!*
- *...that policies are a static phenomenon*

Two Axis of Policy Coherence

National
Constitution

Foreign Policy

Sectoral policies should have shared national goals

Policy
Consistency

National Justice System

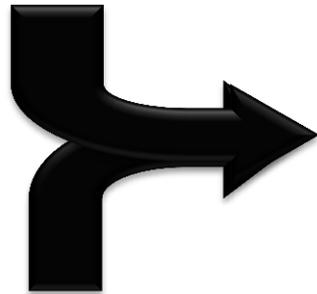
Level of Autonomy

Sub-national Policies

Local Government Policies

Policy
Complementarity

Framework for Local Production of Pharmaceuticals to Improve Access



Transforming our World: the 2030 Agenda for Sustainable Development

a plan of action for people, planet and prosperity



United Nations



Economic

SDGs

MDGs

Environment

Social

MDGs

- The MDGs framework focused attention and resources on the attainment of particular goals
- The MDGs have been an influential attempt and international target setting in the field of development
- Three of the eight MDGs are focused on health without interlinkages ignoring that health is also a component of several other MDGs (nutrition, water and sanitation).

SDGs

- SDGs are universally applicable to all countries
- Focus is on human rights principles and values - “Leaving No One Behind”,
- The 17 goals are integrated, indivisible, and inter-linked with significant health dimension





SUSTAINABLE DEVELOPMENT GOALS



SUSTAINABLE DEVELOPMENT GOALS

1 NO POVERTY



Icon depicting a family of four (two adults and two children) standing together.

2 ZERO HUNGER



Icon depicting a bowl of food with steam rising from it.

3 GOOD HEALTH AND WELL-BEING



Icon depicting a heartbeat line and a heart.

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

4 QUALITY EDUCATION



Icon depicting an open book and a pencil.

5 GENDER EQUALITY



Icon depicting a female symbol with an equals sign.

6 CLEAN WATER AND SANITATION



Icon depicting a water tap with water flowing into a glass.

7 AFFORDABLE AND CLEAN ENERGY



Icon depicting a sun.

8 DECENT WORK AND ECONOMIC GROWTH



Icon depicting a bar chart with an upward arrow.

9 INDUSTRY, INNOVATION AND INFRASTRUCTURE



Icon depicting three stacked cubes.

10 REDUCED INEQUALITIES



Icon depicting an equals sign inside a circle.

11 SUSTAINABLE CITIES AND COMMUNITIES



Icon depicting a city skyline.

12 RESPONSIBLE CONSUMPTION AND PRODUCTION



Icon depicting an infinity symbol.

13 CLIMATE ACTION



Icon depicting an eye with a globe as the pupil.

14 LIFE BELOW WATER



Icon depicting waves and a fish.

15 LIFE ON LAND



Icon depicting a tree and birds.

16 PEACE, JUSTICE AND STRONG INSTITUTIONS



Icon depicting a dove and a gavel.

17 PARTNERSHIPS FOR THE GOALS



Icon depicting three interlocking circles.

18 LOCAL GOVERNANCE FOR SUSTAINABLE DEVELOPMENT



Icon depicting a globe.

SUSTAINABLE DEVELOPMENT GOALS

HEALTH IN THE SDG ERA



ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AGES

- **Ensuring
Equitable
Access to
Health
Services
through UHC
Based on
Stronger PHC**

PROMOTING HEALTHY LIVES THROUGH
CLEANER AIR, SAFER AND MORE
ACTIVE LIVING

PROMOTING NATIONAL
AND CAPACITY AND
MANUFACTURING OF
AFFORDABLE ESSENTIAL
MEDICAL PRODUCTS

PROMOTING
EMPLOYMENT AND
INCLUSIVE
GROWTH

10 REDUCED
INEQUALITIES



9 INDUSTRY, INNOVATION
AND INFRASTRUCTURE



TARGET 3.8: ACHIEVE UNIVERSAL HEALTH COVERAGE, INCLUDING FINANCIAL RISK PROTECTION, ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES, MEDICINES AND VACCINES FOR ALL

MDG UNFINISHED AND EXPANDED AGENDA

3.1: Reduce maternal mortality

3.2: End preventable newborn and child deaths

3.3: End the epidemics of AIDS, TB, malaria and NTDs

and combat hepatitis, waterborne and other communicable diseases

3.7: Ensure universal access to sexual and reproductive health-care services

NEW SDG 3 TARGETS

3.4: Reduce mortality from NCDs and promote mental health

3.5: Strengthen prevention and treatment of substance abuse

3.6: Halve global deaths and injuries from road traffic accidents

3.9: Reduce deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

SDG 3 MEANS OF IMPLEMENTATION TARGETS

3.a: Strengthen implementation of framework convention on tobacco control

3.b: Provide access to medicines and vaccines for all, support R&D of vaccines and medicines for all

3.c: Increase health financing and health workforce in developing countries

3.d: Strengthen capacity for early warning, risk reduction and management of health risks

Health in other SDGs

Direct Health Effect	Determinants of Health	Means of Implementation
Sustainable Development Goals 2, 6, 7, 11, 13, 16	Sustainable Development Goals 1,4, 5, 8, 9, 12, 14 , 15	10, 17

Hea

Direct Health Effect	Determinants of Health	Implementation
Sustainable Development Goals 2, 6, 7, 11, 13, 16	Sustainable Development Goals 1,4, 5, 8, 9, 12, 14 , 15	SDG 10 SDG 17

Health and Other SDGs



Direct Health Effect	Determinants of Health	Implementation
Sustainable Development Goals 2, 6, 7, 11, 13, 16	Sustainable Development Goals 1,4, 5, 8, 9, 12, 14 , 15	SDG 10 SDG 17

Conceptual Transformation in Health Care



WHO
Constitution
1947

UN Human
Rights
Charter
1948

Alma-Att
Declaration
1978

Selective PHC

Safety-net Approach

Vertical Programs

UHC

Leadership priorities

Our leadership priorities give focus and direction to our work. They are areas where it is vital for WHO to lead—the key issues which stand out from the body of our work.

WHO values

WHO has been at the forefront of improving health around the world since 1948.

Health:

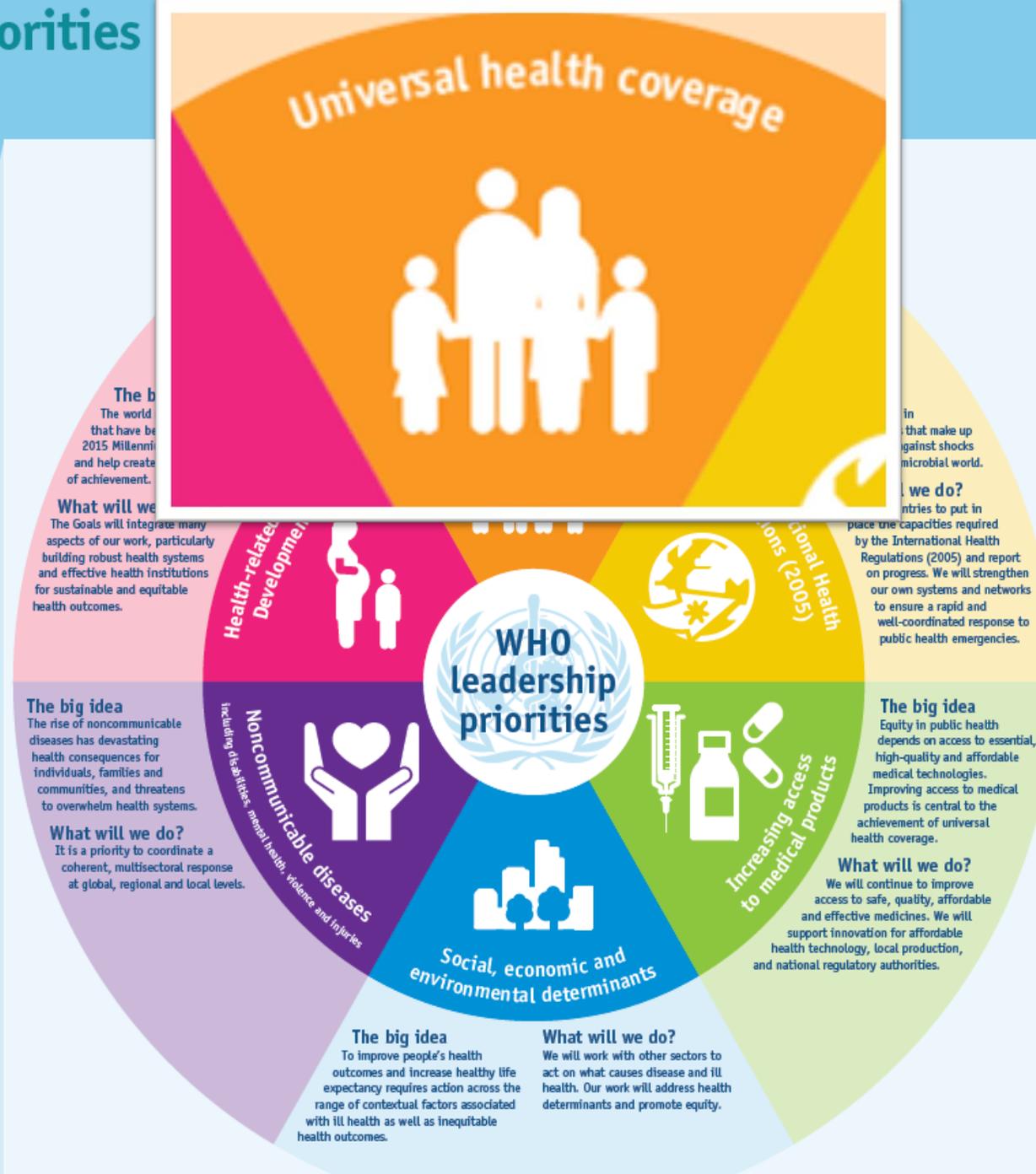
is a state of complete physical, mental and social well-being, not just the absence of disease or infirmity

is the fundamental right of every human being, everywhere

is crucial to peace and security

depends on the cooperation of all individuals and States

should be shared: extending knowledge to all peoples is essential



WHO directs and coordinates international health by:

providing leadership on matters critical to health

shaping the health research agenda

defining norms and standards for health

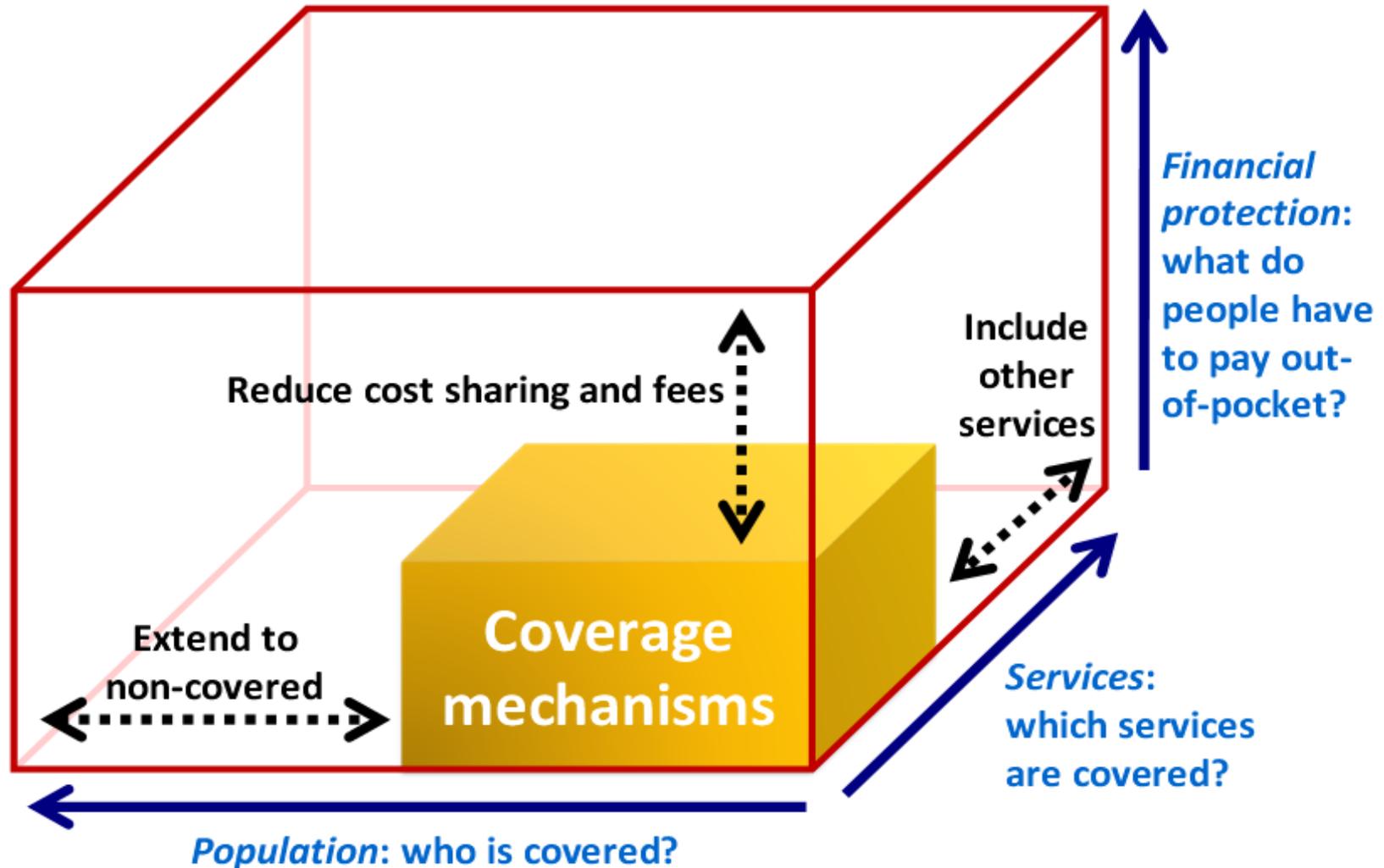
articulating policy options for health

providing technical support and building capacity to monitor health trends

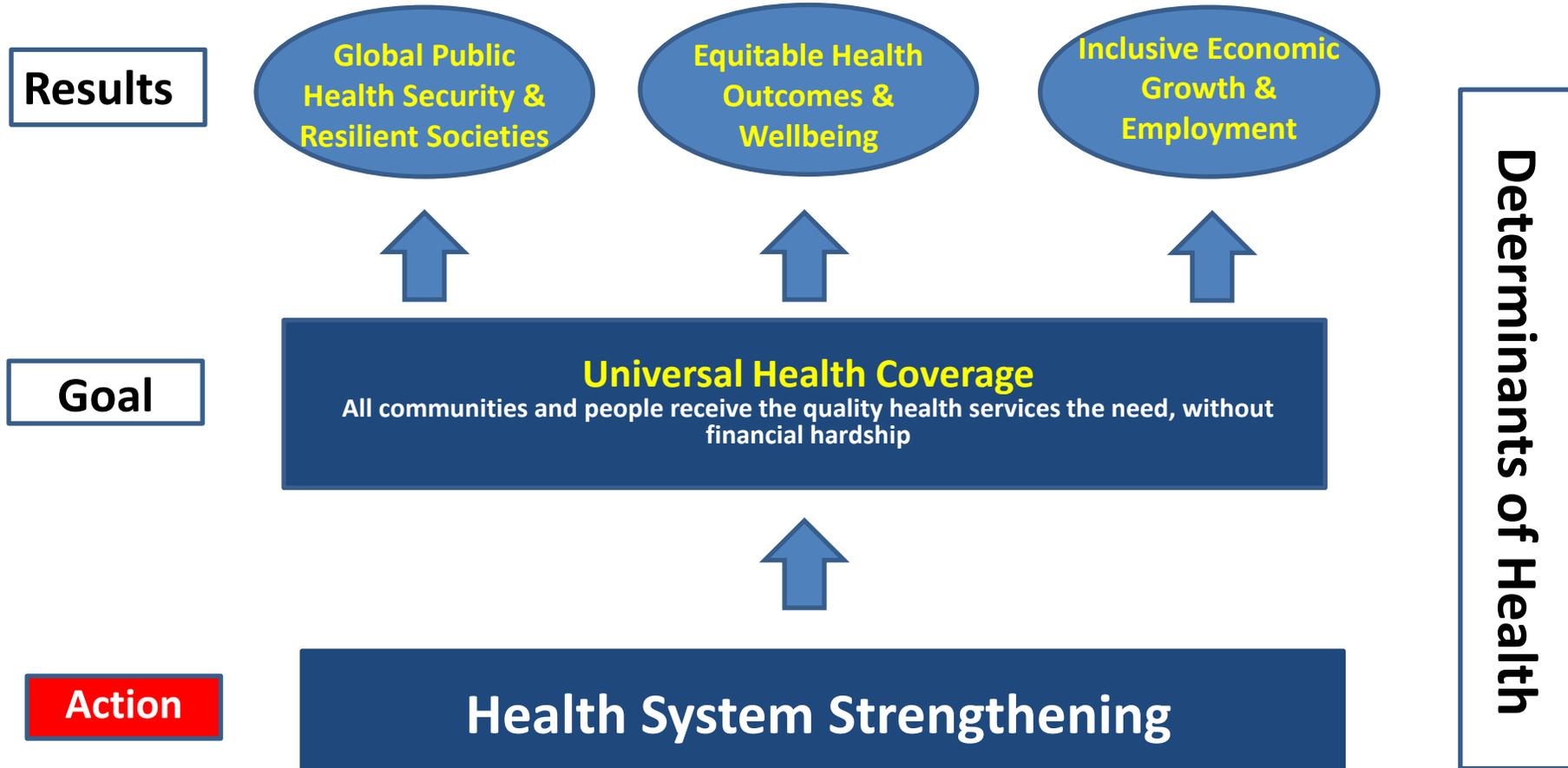


“UHC is one of the most powerful social equalizers among all policy options.”

Expanding Universal Health Coverage



A framework for UHC as part of SDGs



Commitments	Actions for countries	Support from WHO and other development partners
Developing a vision and strategy for universal health coverage	<ul style="list-style-type: none"> • Conduct a health system review for UHC to assess the status of financial protection, service coverage and population coverage • Establish a multisectoral steering mechanism for UHC, under the stewardship of the Ministry of Health, including other public sector entities, civil society organizations and private sector representatives • Develop a roadmap for UHC with short, medium and long-term perspectives • Establish/strengthen a UHC coordinating/implementation mechanism under the aegis of the Ministry of Health • Develop and launch a UHC communication strategy • Promote applied research for UHC with the involvement of academia and research institutions 	<ul style="list-style-type: none"> • Generate and compile evidence and share international experience on UHC • Facilitate national policy dialogues to develop evidence-based UHC strategies • Provide technical support for establishment of multisectoral steering mechanisms for UHC • Facilitate exchange of experiences across countries • Organize capacity development courses on health system strengthening for UHC
Enhancing financial risk protection	<ul style="list-style-type: none"> • Review the health financing situation and arrangements using health expenditure surveys, health accounts analysis and institutional organizational assessment (OASIS) • Establish/expand prepayment arrangements, including social health insurance and general revenue(tax)-based arrangements, to limit direct out-of-pocket payments • Explore innovative health financing approaches to enhance sustainability, efficiency and equity, such as: sin taxes, demand-side financing (e.g. income support schemes, conditional cash transfer, etc.), health endowments, earmarked indirect taxes (e.g. levies on financial transactions, taxes on airline tickets, etc.) • Consider the merger or harmonization of different tax-based and insurance-based financing arrangements to enhance efficiency and equity and reduce fragmentation • Establish and/or strengthen an independent or quasi-independent purchasing body that facilitates the separation of financing from provision of health care • Track the incidence of catastrophic health expenditures and impoverishment, differentiated along socioeconomic and demographic dimensions • Develop and implement an evidence-informed health financing strategy in support of UHC 	<ul style="list-style-type: none"> • Build capacities and provide technical support in conducting health expenditure surveys, health accounting, OASIS, and economic evaluation for priority-setting • Prepare implementation manuals of prepayment arrangements, including social health insurance • Develop and disseminate information products on innovative financing approaches and communicate evidence to policy-makers • Provide technical support to pilot innovative health financing approaches • Support policy dialogue around the architecture of the health financing system • Develop guidance for establishing and/or strengthening purchasing bodies and their functions • Build capacities in measuring financial risk protection • Support the development of health care financing strategies in support of UHC
Expanding the coverage of needed health services	<ul style="list-style-type: none"> • Design and implement a package of essential services that includes needed promotive, preventive, curative, rehabilitative and palliative personal- and population-level services • Improve quality, safety and continuity of care by expanding person-centred integrated health service delivery, increasing the availability of skilled health workforce, and enhancing access to essential medicines and technology • Strengthen the engagement with not-for-profit and for-profit private sector in service provision in support of UHC 	<ul style="list-style-type: none"> • Develop and disseminate information products on designing, costing and implementing a package of essential services • Develop a regional roadmap for accelerating implementation of integrated people-centered health services • Support the establishment of effective and replicable family practice programmes • Develop and disseminate guidance on family practice, private health care, quality and safety, and community health workers and outreach teams • Build capacity in modalities for assessing, regulating and partnering with the private sector
Ensuring expansion and monitoring of population coverage	<ul style="list-style-type: none"> • Progressively expand coverage to vulnerable groups, particularly the poor, those in the informal sector, the unemployed, refugees or internally displaced, and migrant or expatriate workers • Collect data disaggregated by income, region, locality, gender and other stratifiers, to monitor equity and progress towards population coverage, and integrate it in the national health information systems 	<ul style="list-style-type: none"> • Share experience from countries on mechanisms to cover informal and vulnerable groups • Develop a framework for monitoring population coverage and UHC

The Institutional Challenge

1. Health Governance and Leadership

(Restructuring MoH)

2. Civil service reform

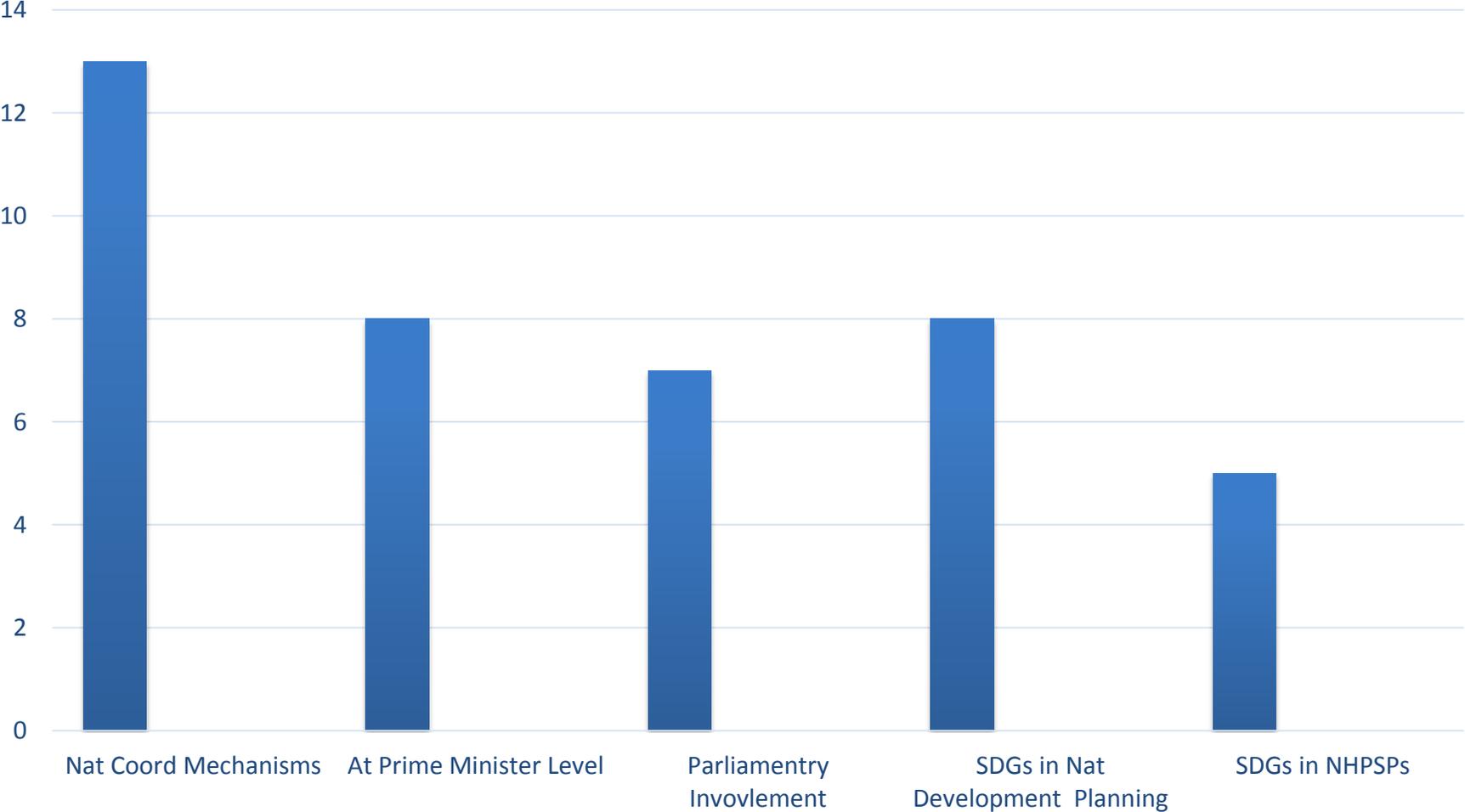
3. Work-culture and work-ethic

4. e-Health

5. Capacity building in management

6. Accountability

SDGs at Country Level in EMR



Conclusions

Grandest Opportunity

- **SDGs are transformative**
- **Action Plan**
- **Builds on – SDH + HiAP**

Policy Coherence

- **Intersectoral action**
- **Shared goals of development across sectors**

Institutional Challenge

- **Success on failure will depends on leadership and institutions**

*Thank
you*



Learn

Inspire

Act