CPME Members' Briefing

17 July 2019

The Sustainable Development Agenda 2030

Background, processes, impact

What this briefing is for

This briefing is to provide CPME members with the background information and relevant details on the United Nations (UN) Sustainable Development Agenda 2030 and its 17 Sustainable Development Goals (SDGs). The objective is to facilitate CPME members' involvement in policy discussions around SDGs and enable application in CPME policies where relevant.

Key points

- **Introduction**
- **What is the UN Sustainable Development Agenda 2030?**
- **What does SDG3 contain?**
- **How are SDGs implemented?**
- **What role do SDGs play in EU policy?**
- **How can CPME use SDGs?**

Introduction

Sustainable development is defined as development that meets the needs of the present without compromising the ability of future generations to meet their need[1]. The most prominent current policy framework on sustainability is the UN Sustainable Development Agenda 2030 comprising 17 Sustainable Development Goals (SDGs). As CPME's policy work is related to several of the SDGs, the introduction of references to SDGs into the CPME's argumentation in policy papers could strengthen their impact on EU and national policy action.

What is the UN Sustainable Development Agenda 2030?

The UN 2030 Agenda for Sustainable Development is an action plan for people, planet and prosperity which was adopted at the 2015 UN summit and came into effect in January 2016. At the centre, there are the 17 Sustainable Development Goals:

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[1] *Report of the World Commission on Environment and Development: Our Common Future*. [online] Brundtland, G. Available at: http://www.un-documents.net/our-common-future.pdf. (1987).

From: European Commission, *Reflection paper Towards a sustainable Europe by 2030*, Brussels, 2019

The SDGs were created to promote and stimulate action but are not legally binding. Instead they are a political design and pose an opportunity for countries to set a sustainable course across all policies. They are perceived as a tool to establish synergies across sectors and global development issues, establishing one overarching agenda.

The 17 SDGs contain 169 targets, in which SDG 3 pledge that "to promote physical and mental health and wellbeing, and to extend life expectancy for all, we must achieve universal health coverage and access to quality health care. No one must be left behind."

What does SDG3 contain?

SDG 3 is dedicated to public health and wellbeing. It outlines 9 goals to achieved by 2020 and 2030. These are:

1. By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births.
2. By 2030, end preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births.
3. By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.
4. By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.
5. Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.
6. By 2020, halve the number of global deaths and injuries from road traffic accidents.
7. By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

8. Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

9. By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.[1]

It sets an additional 4 ambitions for countries to promote. These are:

A. Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate.

B. Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.

C. Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.

D. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

How are SDGs implemented?

As previously stated, SDGs are a political rather than a legal commitment, therefore their implementation is not enforced with sanctions, but rather with political peer pressure.

In 2017 the UN general assembly adopted the global indicator framework, containing a list of 232 indicators, which are used by national bodies to monitor the progress of the implementation of the SDGS. For the implementation of SDG 3, 11 indicators have been set:

Indicators for implementation of SDG 3 on 'Good health and well-being'

Indicator Name	Target	Definition and Rationale
3.1.1: Maternal mortality ratio	By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	This indicator monitors deaths related to pregnancy and childbirth. It reflects the capacity of health systems to provide effective health care in preventing and addressing the complications occurring during pregnancy and childbirth. Indicator values range from less than 10 in most developed countries, with an average of around 169 per 100,000 live births in the developing regions.
3.2.1: Under-five mortality rate	By 2030, end preventable deaths of new-borns and children under 5 years of age. All countries are expected to reduce under-5 mortality to at least as low as 25 per 1,000 live births.	The under-five mortality rate (U5MR) is the probability (expressed as a rate per 1,000 live births) of a child born in a specified year or period dying before reaching the age of five if subject to current age-specific mortality rates.
3.3.1: Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations	By 2030, end the epidemics of AIDS […]	The number of new HIV infections per 1,000 uninfected population.
3.3.2: Tuberculosis incidence per 100,000 population	By 2030, end the epidemics of tuberculosis	The tuberculosis incidence per 100,000 population is defined as the estimated number of new and relapse tuberculosis (TB) cases (all forms of TB, including cases in people living with HIV) arising in a given year, expressed as a rate per 100, 000 population.

3.4.1: Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease	Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	This indicator is defined as the per cent of 30-year-old people who would die before their 70th birthday from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases. --> This indicator is calculated using the life table method. The method shows the mortality experience of a hypothetical group of infants born at the same time and subject throughout their lifetime to a set of age-specific mortality rates.
3.4.2: Suicide Mortality Rate	Reduce by one third premature mortality from non-communicable diseases	This indicator is defined as the number of suicide deaths in a given year divided by the population, expressed per 100,000 persons.
3.5.2: Harmful use of alcohol	Strengthen the prevention and treatment of substance abuse, including harmful use of alcohol	Total alcohol per capita consumption (APC) is defined as: "the total (sum of recorded and unrecorded alcohol) amount of alcohol consumed per person (15 years of age and older) over a calendar year, in litres of pure alcohol, adjusted for tourist consumption." The estimates for the total alcohol consumption are produced by summing up the 3-year average per capita (15 years of age and older) recorded alcohol consumption and an estimate of per capita (15+) unrecorded alcohol consumption for a calendar year.

3.6.1: Death rate due to road traffic injuries	Halve the number of global deaths and injuries from road traffic accidents	This indicator is defined as the number of fatalities (deaths) from injuries experienced from road traffic accidents per 100,000 population.
3.7.1: Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods **3.7.2:** Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group	Ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs.	**3.7.1:** This indicator is defined as the percentage of women of reproductive age (15-49 years) who desire either to have no (additional) children or to postpone the next child and who are currently using a modern contraceptive method.
		3.7.2: This indicator is defined as the annual number of births to females of age groups 10-14 or 15-19 per 1000 females in the respective age group.
3.8.2: Proportion of population with large household expenditures on health as a share of total household expenditure or income	Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	This indicator is defined as the proportion of population that spends a large portion of the total household income or expenditure on health-related expenditures. Two thresholds are used to define "large household expenditures on health" – (1) greater than 10%; and (2) greater than 25% of total household expenditure or income.

3.9.1: Mortality rate attributed to household and ambient air pollution **3.9.2:** Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) **3.9.3:** Mortality rate attributed to unintentional poisoning	Substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination	This indicator is defined as the mortality attributable to the joint effects of household and ambient air pollution, and can be expressed as per 100,000 population for any given population group (eg. children under 5 years of age). Evidence from epidemiological studies have shown that exposure to air pollution is linked, among others, to the important diseases taken into account in this estimate: • Acute respiratory infections (estimated for all ages); • Cerebrovascular diseases (stroke) in adults (estimated above 25 years); • Ischaemic heart diseases (IHD) in adults (estimated above 25 years); • Chronic obstructive pulmonary disease (COPD) in adults (estimated above 25 years); and • Lung cancer in adults (estimated above 25 years).
		3.9.2: This indicator is defined as the number of deaths from unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Washing, sanitation and hygiene services) in a year per 100,000 population.

		3.9.3: This indicator is defined as the number of deaths from unintentional poisonings in a year per 100,000 population.
3.b.2: Total net official development assistance to the medical research and basic health sectors	Support the research and development of vaccines and medicines for the communicable and non-communicable diseases	This indicator is defined as the total amount of gross disbursements of official development assistance (ODA) from all donors to medical research and basic health sectors.
3.c.1: Health worker density and distribution	Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries.	This indicator consists of 4 sub-indicators: 1. ***Density of physicians*** 2. ***Density of nursing and midwifery personnel*** 3. ***Density of dentistry personnel*** 4. ***Density of pharmaceutical personnel*** Density is defined as the number of e.g. physicians, including generalists and specialist medical practitioners per 1,000 population in the given national and/or subnational area.

It is also useful to note that there are other objectives and indicators relevant to health in the SDGs, which is further described below. The UN has published a handbook, which contains the full overview of the respective indicators.

What role do SDGs play in EU policy?

The EU has a strong commitment to the SDGs and aims to be a global frontrunner in implementing the SDGs together with the Member States. The European Commission's confirms that its top-level 10 political priorities are aligned with the SDGs.

Moreover, the Member States adopted a European Consensus on Development - 'Our World, Our dignity, Our Future' in 2017. With this, the Member States together with the Council and European Parliament and European Commission agree to:

"Implement the 2030 Agenda across all internal and external policies in a comprehensive and strategic approach, integrating in a balanced and coherent manner the three dimensions of sustainable development, and addressing the interlinkages between the different SDGs as well as the broader impacts of their domestic actions at international and global level. Implementation will be closely coordinated with the implementation of the Paris Agreement on Climate Change and other international commitments, including the New Urban Agenda".[2]

On health the EU and its Member States agree to promote and protect:

"the right of everyone to enjoy the highest attainable standard of physical and mental health, so as to promote human dignity, well-being and prosperity They will promote research and investment in and development of new health technologies. They will take action to address global health threats, such as epidemics and antimicrobial resistance, through a public health approach[..]and address chemical pollution and poor air quality."[3]

In 2019, the Commission published the reflection paper 'A Sustainable Europe by 2030'. The paper was created to inspire debate on the future of Europe, the preparation of the European Union's Strategic Agenda 2019-2024, and the priority setting of the next European Commission. The paper sets up scenarios on how the SDGs can be implemented. Furthermore, the paper provides an overview of the current status of the implementation on the SDGs and where the EU stands:

Overview of some SDG 3-related initiatives of the European Commission[4]:

- European Pillar of Social Rights
- State of health in the EU-reporting cycle
- Digital transformation of health and care: bringing better health and care to more citizens in better and effective ways
- One health action plan against antimicrobial resistance
- Updates to the carcinogens and mutagens rules
- EU cooperation on vaccine preventable diseases
- Steering group on health promotion, disease prevention and management of noncommunicable diseases

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[2] European Consensus on Development - 'Our world, our dignity, our future', The European Council, Member States, The European Parliament, and The European Commission. Brussels. 2017

[3] European Consensus on Development - 'Our world, our dignity, our future', The European Council, Member States, The European Parliament, and The European Commission. Brussels. 2017

[4] European Commission, *Reflection paper Towards a sustainable Europe by 2030*, Brussels, 2019

- New rules on medical devices
- Enforcement of EU air pollution standards and measures to help national, regional and local actors fight air pollution
- A clean planet for all – the long-term vision for a prosperous, modern, competitive and climate neutral economy by 2050
- Strategic action plan on road safety
- European Consensus on Development
- Research partnership with Africa against HIV/AIDS, tuberculosis and other infectious diseases
- Revised European neighbourhood policy & EU enlargement strategy, Western Balkan strategy
- Trade for all strategy

EU Member States are among the SDG top performers

Compared worldwide, seven EU-27 Member States are among the **TOP 10** in Global SDG Index ranking and all EU-27 Member States are in **TOP 50** (out of 156).

The EU-27 Member States have the **highest score on average** for **SDG 1** (End Poverty in all its form everywhere).

The EU-27 Member States have the **second highest score on average** for **SDG 3** (Ensure healthy lives and promote well-being for all at all ages).

The EU-27 Member States **score on average the lowest** on **SDG 12** (Ensure sustainable consumption and production patterns), and on **SDG 14** (Conserve and sustainably use the oceans, seas and marine resources for sustainable development).

There are **notable differences** between the Member States in achieving the **SDG 10** (Reduce inequality within and among countries).

Over the past five years, the EU has made **good progress** towards almost all Sustainable Development Goals (SDGs).

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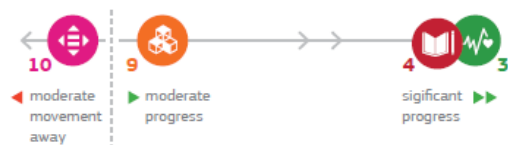
Source: SDSN SDG Index 2018; Eurostat, Sustainable development in the European Union 2018 edition.

From: European Commission, *Reflection paper Towards a sustainable Europe by 2030*, Brussels, 2019

In addition, Eurostat has set up an overview of the SDGs and their implementation. In 2018 they published their first monitoring report on "the Sustainable development in the European Union — Monitoring report on progress towards the SDGs in an EU context".

Furthermore, the following EU documents show examples of how EU refer directly to the Sustainable Development Agenda:

- **Council recommendation on strengthened cooperation against vaccine-preventable diseases, 2018**
  "Goal 3 of the 2030 Agenda for Sustainable Development (16) - 'Ensure healthy lives and promote well-being for all at all ages' - underlines the importance of vaccines in protecting people against diseases. Furthermore, through the European Consensus on Development 'Our World, Our Dignity, Our Future' (17), the EU and its Member States reaffirm their commitment to protecting the right of everyone to enjoy the highest attainable standard of physical and mental health, including by helping to secure access to affordable essential medicines and vaccines for all. "

- **Council conclusion on the next steps towards making the EU a best practice region in combatting antimicrobial resistance, 2019**
  "Recognises that AMR is a global public health concern, the impact of which goes beyond its severe consequences for human and animal health, as it also impacts on the environment and food production and consequently economic growth. Furthermore, AMR seriously affects the possibilities to achieve the Sustainable Development Goals."

- **Council conclusions on cross-border aspects in alcohol policy — tackling the harmful use of alcohol, 2017**
  "RECALLS the Sustainable Development Goals adopted by the United Nations General Assembly in September 2015, which include the aim of strengthening the prevention and treatment of substance abuse, including the harmful use of alcohol"

How can CPME use the SDGs?

With its commitment to the SDGs, the EU has set the direction for the European Commission's future policy framework. This could create an opportunity for a stronger argument for EU action on health by highlighting the need to implement SDG 3. This can however also be relevant to CPME works on policy areas related to environmental health, working conditions, medical devices and the future of health. Relevant SDGs are for example:
- Goal 3 on Health
- Goal 4 on Quality education
- Goal 6 on Clean water and Sanitation
- Goal 7 on Affordable and Clean Energy
- Goal 8 on Decent Work and Economic Growth
- Goal 13 on Climate Action

Future CPME policies on these or related issues could include references to the EU's commitment to the SDGs. Furthermore, CPME action on these policies and contributions could be stressed as a mean for the EU institutions or Member States work on implementing the SDGs.

Other organisations in the Brussels health community have already integrated references to SDGs in their policies:

- Smoke Free Partnership signed a "joint NGO statement on health sustainability in trade and investment agreements". The statement called on the EU to implement a responsible trade policy which secures health sustainability in line with SDG 3.
- The European Heart Network (EHN) and the European Public Health Alliance (EPHA) have developed a 'model' Public Health Chapter. The Chapter suggests provisions and references which could be added to the EU's trade deals in order to optimise the coherence between trade and public health objectives – including targets contained in the Sustainable Development Goals (SDGs).
- In 2018 the WMA published a statement on Sustainable development.