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)

Goal 1: Eradicate Extreme Hunger and Poverty

Goal 2: Achieve Universal Primary Education

Goal 3: Promote Gender Equality and Empower Women

Goal 4: Reduce Child Mortality

Goal 5: Improve Maternal Health

Goal 6: Combat HIV/AIDS, Malaria and other diseases

Goal 7: Ensure Environmental Sustainability

Goal 8: Develop a Global Partnership for Development
NMR/U5MR (per 1,000 live births)

MMR (per 100,000 births)

ARR = 4.0%

ARR = 3.0%

ARR = 3.3%
MDGs & Transition

8 goals  21 targets  60 indicators

- Develop a global partnership for development
- Eradicate extreme poverty and hunger
- Achieve universal primary education
- Ensure environmental sustainability
- Combat HIV/AIDS, malaria and other diseases
- Improve maternal health
- Reduce child mortality
- Promote gender equality and empower women

2015
MILLENIUM DEVELOPMENT GOALS
MDGs & Transition

8 goals 21 targets 60 indicators

Eradicate extreme poverty and hunger
Achieve universal primary education
Ensure environmental sustainability
Promote gender equality and empower women
Combat HIV/AIDS, malaria and other diseases
Improve maternal health
Reduce child mortality

2015
MILLENIUM DEVELOPMENT GOALS

1. No poverty
2. Zero hunger
3. Good health and well-being
4. Quality education
5. Gender equality
6. Clean water and sanitation
7. Affordable and clean energy
8. Decent work and economic growth
9. Industry, innovation and infrastructure
10. Reduced inequalities
11. Sustainable cities and communities
12. Responsible consumption and production
13. Climate action
14. Life below water
15. Life on land
16. Peace and justice, strong institutions
17. Partnerships for the goals

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

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<th>MDG</th>
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<td>Traditional assistance</td>
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<td>Limited goals</td>
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<td>Top-down process</td>
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<td>Traditional statistics</td>
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<td>Hunger and poverty together</td>
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<td>Quantity Education</td>
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<td>Funding: Focus on ODA</td>
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# MDGs & SDGs: Comparison

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<th>MDG</th>
<th>SDG</th>
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<tr>
<td>Traditional assistance</td>
<td>Traditional assistance + Universal goals</td>
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<tr>
<td>Limited goals</td>
<td>More comprehensive</td>
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<td>Top-down process</td>
<td>Inclusive goal setting</td>
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<tr>
<td>Traditional statistics</td>
<td>Traditional + Data revolution</td>
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<td>Hunger and poverty together</td>
<td>Distinction</td>
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<tr>
<td>Quantity Education</td>
<td>Quality Education</td>
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<tr>
<td>Funding: Focus on ODA</td>
<td>Broader set of financial sources</td>
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Health and Health-related SDGs
Share of the population living in extreme poverty, 2017
The share of individuals living below the 'International Poverty Line' of $1.90 per day.

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.
**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**

**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)

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.

OurWorldInData.org/hunger-and-undernourishment • CC BY
Life expectancy, 2019

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

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

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)
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.

Source: Institute of Health Metrics & Evaluation (IHME)
Note: To allow comparisons between countries and over time this metric is age-standardized.
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.

**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.

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.

- International Monetary Fund: 74.6%
- International Bank for Reconstruction & Development: 74.6%
- International Finance Corporation: 74.46%
- UN General Assembly: 74.09%
- World Trade Organisation: 71.95%
- UN Economic and Social Council: 66.67%

Source: UN Statistics Division
MAKE CITIES AND HUMAN SETTLEMENTS INCLUSIVE, SAFE, RESILIENT AND SUSTAINABLE

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

2 BILLION PEOPLE DO NOT HAVE ACCESS TO WASTE COLLECTION SERVICES

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

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
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
Deaths from conflict and terrorism, 2017
Total combined number of deaths from conflict (civil conflict and war between states) and terrorism.

Source: Institute for Health Metrics and Evaluation (IHME)
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
Maternal mortality ratio is the number of women who die from pregnancy-related causes while pregnant or within 42 days of pregnancy termination per 100,000 live births. SDG Target 3.1 is to reduce global maternal deaths to less than 70 per 100,000 live births and all countries less than 140 per 100,000 live births.
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.

Source: World Bank
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

Requejo & Victora (BMJ 2019)
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 ≥15%

Victora et al (2020)
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
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

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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

Peru
- Pop: 32.0 million
- Urban: 78%
- GDP/capita: $6,947
- HDI: 0.748

Senegal
- Pop: 15.9 million
- Urban: 47%
- GDP/capita: $1,522
- HDI: 0.499

Kyrgyz Republic
- Pop: 6.3 million
- Urban: 33%
- GDP/capita: $1,220
- HDI: 0.669

Nepal
- Pop: 28.1 million
- Urban: 20%
- GDP/capita: $1,026
- HDI: 0.569

Ethiopia
- Pop: 109.2 million
- Urban: 21%
- GDP/capita: $772
- HDI: 0.457

CAGR
- Peru -5.3% 2000-2016
- Kyrgyz Republic -5.9% 1997-2014
- Nepal -3.1% 2001-2016
- Senegal -3.4% 2000-2016
- Ethiopia -2.5% 2000-2016
- Global -2.2% 2000-2016

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

INFORMATIONAL STATISTICS

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<tr>
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<th>Prior</th>
<th>Recent</th>
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<tbody>
<tr>
<td>U5MR</td>
<td>47</td>
<td>21</td>
</tr>
<tr>
<td>Per 1,000 live births</td>
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<td></td>
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<tr>
<td>NMR</td>
<td>18</td>
<td>11</td>
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<tr>
<td>Per 1,000 live births</td>
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<tr>
<td>MMR</td>
<td>185</td>
<td>157</td>
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<tr>
<td>Per 100,000 live births</td>
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<tr>
<td>Total fertility rate</td>
<td>2.8</td>
<td>2.5</td>
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<tr>
<td>Per woman</td>
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<td>ANC4+</td>
<td>69</td>
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<tr>
<td>Percent</td>
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<tr>
<td>Wasting</td>
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<tr>
<td>Percent</td>
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<tr>
<td>Open defecation</td>
<td>19</td>
<td>7</td>
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<tr>
<td>Percent</td>
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1. DHS; GDP per capita in current US$ as of 2017 from World Bank open data

» 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

AJCN 2020
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.
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

Peru (2000–2016)

- 1% Reduced teen pregnancies
- 24% Maternal nutritional status
- 26% Maternal and newborn healthcare
- 14% Fertility
- 4% Reduction in household crowding
- 10% Mountainous population migration
- 19% Parental education
- 2% Other

SDG2 SDG3 SDG5 SDG11 SDG6 SDG10 SDG4
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
Balochistan 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

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

Drivers of change (2011-2018)

- Unexplained
- Explained

Portion of change explained

- 54%
- 45%
- 22%
- 10%
- 8%
- 6%
- 4%
- 3%

Data source: NNS 2011, 2018

- Political will
  1. STAKEHOLDER CONSULTATION / BUY-IN
  2. ROBUST SITUATIONAL ANALYSIS
  3. ADDRESS FOOD INSECURITY – ESPECIALLY FOR MARGINALIZED POPULATIONS
  4. INVEST IN EDUCATION, ESPECIALLY FOR GIRLS
  5. ADDRESS GENDER DISPARITIES AND EMPOWER WOMEN
  6. IMPROVE LIVING CONDITIONS, ESP. WASH
  7. ACCESS TO FAMILY PLANNING AND REDUCTION OF HIGH-RISK PREGNANCIES
  8. ACCESS TO MATERNAL AND NEWBORN HEALTH CARE
  9. PROMOTION OF EARLY AND EXCLUSIVE BREASTFEEDING
  10. IMPROVING COMPLEMENTARY FEEDING AND DIETARY DIVERSIFICATION

- Unexplained portion of change explained
- Political will
- Drivers of change

- Wealth accumulation
- Social safety net (BISP) coverage
- Diarrhea reduction
- Maternal nutrition
- Reduction in fertility
- Maternal education
- Improved sanitation
- Use of fortified foods & iodized salt

- Indirect, non-health sector
- Direct, non-health sector
- Direct, health sector

- Political will

- Maternal nutrition
- Wealth accumulation
- Social safety net (BISP) coverage
- Diarrhea reduction
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