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**From the Millennium Development Goals to the Sustainable Development Goals in the post-2015 development agenda****Executive summary**

1. The Millennium Development Goals (MDGs) marked a significant and effective framework of global mobilization to achieve a set of important developmental priorities worldwide. They had several strengths that will provide a good basis for establishing the new Sustainable Development Goals. The MDGs were packaged as an easily understandable set of eight goals, with measurable and time-bound objectives. This helped to promote global awareness, strengthen political commitment and accountability, improve metrics and increase community participation. However, they also had weaknesses, particularly in the dimensions of equity, human rights and social determinants of health which were not well articulated or monitored. In addition, important health priorities were excluded from the MDGs, including the increasing burden of noncommunicable diseases. Member States in the Eastern Mediterranean Region have made substantial progress towards achievement of the health-related Millennium Development Goals 1, 4, 5 and 6, although the progress is variable both across and within countries. There is agreement among the global health community and governments to continue improving health and reducing disparities in the post-2015 era, building on the unfinished agenda of the MDGs.

2. The United Nations General Assembly will convene a summit to adopt the post-2015 development agenda during the 70th session of the General Assembly from 25 to 27 September 2015. Seventeen Sustainable Development Goals have been proposed (Annex 1), with 169 associated targets and supported by the three pillars of sustainability: economic development, environmental protection and social equity. Goal 3 aims to “Ensure healthy lives and promote well-being for all at all ages”, while health also cuts across the majority of the other SDGs. It has nine targets that address the unfinished agenda of the MDGs, the rising burden of noncommunicable diseases and cross-cutting systems-focused targets (including universal health coverage). It is vital that, for areas included under the health goal, global and regional targets and indicators that have already been set are harmonized with the list of SDG indicators which is expected to be finalized in March 2016.

3. In working to meet the targets of the SDGs, WHO will continue to support Member States of the Region in addressing the priority health areas identified, in line with existing WHO strategies and initiatives. Member States have a vital role to play in ensuring that the post-2015 agenda is driven by the principles of good governance, political leadership and accountability as these will do much to ensure the overall success of the SDGs. This paper provides a summary of the progress made in achieving the health-related MDGs in Member States of the WHO Eastern Mediterranean Region and the main challenges. It also provides a brief account of the current status of the SDGs, with focus on Goal 3, and a way forward that includes harmonizing the targets of Goal 3 with existing WHO strategies and roadmaps.

**Introduction**

4. The period set for achievement of the Millennium Development Goals (MDGs) by the United Nations (UN) in 2000 will come to a close with the end of 2015. The goals have provided an effective global framework for tackling a set of important developmental priorities worldwide. Developing countries have made substantial progress towards the goals, although the progress has been highly variable across goals, countries and regions.

5. The MDGs had several strengths that will provide a good basis for establishing the new Sustainable Development Goals (SDGs). By packaging an easily understandable set of eight goals,

and by establishing measurable and time-bound objectives, the MDGs have helped to promote global awareness of development needs and priorities, strengthen political commitment and accountability, improve metrics and increase community participation. However, they also had weaknesses, particularly in the dimensions of equity, human rights and social determinants of health which were not well articulated or monitored. In addition, many health priorities were excluded from the MDGs, including noncommunicable diseases, mental health, and violence and injuries. Finally, since the process was largely led by the UN, it focused less on the emerging challenges associated with the demographic and epidemiological transitions than on the challenges present at the time the goals were set. The SDGs build on the experience of the Millennium Development Goals (MDGs) and complete the targets that were not achieved by 2015.

6. This paper provides a summary of the progress made in achieving the health-related MDGs in Member States of the WHO Eastern Mediterranean Region and the main challenges. It also provides a brief account on the current status of the SDGs, with focus on the health-related Goal 3, and a way forward that includes harmonizing the targets of Goal 3 with existing WHO strategies and roadmaps.

### Progress in achieving the health MDGs

7. Member States of the Region have made important progress towards achievement of the health-related MDGs 1, 4, 5 and 6. This section discusses the progress achieved, the main interventions conducted to accelerate achievement of the targets and the main challenges that hindered further progress. Box 1 summarizes key facts.

#### MDG 1

8. In general, there has been progress in achieving the health-related target of MDG 1 in the Region. At regional level, the percentage of underweight among children under 5 years of age decreased from 22.6% in 1990 to 13.6% in 2012 (1). Fourteen countries in the Region achieved the health-related target of MDG 1 of “halving the proportion of people who suffer from hunger”.<sup>1</sup> The major challenges to reaching the health-related target of MDG 1 target include: lack of food security, in-country inequalities and insecurity, particularly in countries facing emergencies.

#### Box 1. Key regional facts

##### MDG 1

- The percentage of underweight children under 5 years of age dropped from 22.6% in 1990 to 13.6% in 2012

##### MDG 4

- The under-5 mortality rate fell from 103 deaths per 1000 live births in 1990 to 57 deaths per 1000 live births in 2013

##### MDG 5

- The maternal mortality ratio fell from 340 maternal deaths per 100 000 live births in 1990 to 170 maternal deaths per 100 000 live births in 2013

##### MDG 6

- The number of new HIV infections increased from 5.5 per 100 000 population in 2001 to 9.9 per 100 000 population in 2012
- The number of confirmed malaria cases reported in the region decreased from 2 million in 2000 to 1 million in 2013
- Existing cases of tuberculosis declined from 256 cases per 100 000 population in 2000 to 180 cases per 100 000 population in 2012; deaths among HIV-negative tuberculosis cases declined from 29 per 100 000 population in 2000 to 16 per 100 000 population in 2012

<sup>1</sup> Bahrain, Egypt, Islamic Republic of Iran, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Tunisia and United Arab Emirates.

9. In 2009, WHO, the Food and Agriculture Organization of the United Nations (FAO), UNICEF and the World Food Programme jointly developed a regional strategy and action plan for nutrition. Subsequently, most countries developed corresponding policies and action plans for implementation at national level. With emerging new challenges, a review of the progress made and of the policy approach recommended by the global policy documents is timely.

#### *MDGs 4 and 5*

10. Maternal and child mortality remain one of the main public health concerns in the Region. Over 95% of maternal and child mortality occurs in nine countries of the Region<sup>2</sup> and almost 95% of these deaths are due to preventable causes.<sup>3</sup> The Region has made significant reductions in maternal and child mortality since 1990, as shown by the latest monitoring data for the Millennium Development Goals. However, the levels of reduction fall short of meeting the targets of MDGs 4 and 5 by end 2015.

11. The level of maternal mortality in the Region has moved from the second highest to the third highest among WHO regions, while the level of child mortality is still the second highest. The major challenges to reaching the MDG targets include: lack of sustained commitment to maternal and child health; insufficient financial resources; inequitable coverage with quality evidence-based cost-effective interventions; lack of integration of maternal and child health programmes and instability and insecurity, particularly in countries facing emergencies.

12. At regional level, under-5 mortality rate decreased by 46% between 1990 and 2013 (below the global reduction of 49%), with an average annual rate of 2.6%. This is below the 67% reduction required to achieve the MDG4 target by 2015. Six<sup>4</sup> countries have achieved the MDG 4 target and five<sup>5</sup> others have reduced under-5 mortality to 15 (or less) deaths per 1000 live births. The neonatal mortality rate decreased by 35% between 1990 and 2013 (from 40 to 26 deaths per 1000 live births while infant mortality rate decreased by 43% between 1990 and 2013 (from 75 deaths to 43 deaths per 1000 live births).

13. The maternal mortality ratio decreased by 50% between 1990 and 2013 (above the global reduction of 45%), with an average annual reduction of 3%. This is below the 75% reduction required to achieve the MDG 5 target by 2015. Two<sup>6</sup> Member States have achieved the MDG 5 target and nine<sup>7</sup> others have a maternal mortality ratio of less than 25 maternal deaths per 100 000 live births. The other nine high-burden countries<sup>8</sup> are making progress in achieving the target, except for Somalia.

14. An initiative on Saving the Lives of Mothers and Children was launched by WHO, the United Nations Population Fund (UNFPA) and UNICEF jointly with Member States at a high-level meeting held in Dubai, United Arab Emirates, in January 2013. The meeting concluded with the Dubai Declaration, in which Member States expressed their commitment to: develop and implement maternal and child health acceleration plans in the nine high-burden countries; take measurable steps to strengthen their health systems-related elements; establish sustainable financing mechanisms; mobilize domestic and international resources through traditional and innovative approaches; and improve coordination and accountability between all partners.

<sup>2</sup> Afghanistan, Djibouti, Egypt, Iraq, Morocco, Pakistan, Somalia, Sudan and Yemen.

<sup>3</sup> Haemorrhage, eclampsia, maternal and neonatal sepsis and prematurity, and diarrhoea and pneumonia for children under 5 years.

<sup>4</sup> Egypt, Bahrain, Islamic Republic of Iran, Lebanon, Oman, and Tunisia

<sup>5</sup> Kuwait, Libya, Syrian Arab Republic, Qatar and United Arab Emirates

<sup>6</sup> Lebanon and Oman

<sup>7</sup> Bahrain, Islamic Republic of Iran, Kuwait, Lebanon, Libya, Oman, Qatar, Saudi Arabia and United Arab Emirates

<sup>8</sup> Afghanistan, Djibouti, Egypt, Iraq, Morocco, Pakistan, Sudan and Yemen

15. The three agencies have worked together in close partnership with Member States to develop and implement the maternal and child health acceleration plans. A technical advisory group on maternal and child health was established to address constraints facing implementation of these plans. The integrated and comprehensive plans address issues that are critical in reducing morbidity and mortality among mothers and children, including a package of evidence-based interventions along the continuum of care at community, primary health care and first referral levels, immunization, nutrition, capacity-building of related human resources, availability of life-saving commodities, and district health information systems.

## MDG 6

16. In general, there has been substantial progress in the Region in control and prevention of tuberculosis, malaria and HIV/AIDS, but this has not been enough to achieve MDG 6 targets. The main factors hindering further progress are lack of ownership and the challenges to health system capacity that the Region faces in general, in particular in countries where the burden of communicable diseases is the highest, as well as the impact of the complex emergencies in the Region. Other disease-specific challenges include country diagnostic capacities and financing.

17. The overall prevalence of HIV remains low in comparison with other regions. However, the HIV epidemic in the Region continues to be characterized as emerging. The number of new HIV infections (estimated at 63 165 in 2012, compared with 39 593 in 2002) has continued to increase, despite the progress made in several countries in terms of better understanding of the epidemic, surveillance, and treatment availability and accessibility. New infections are heavily concentrated in key populations at higher risk, and the main reason for the increase is the failure of HIV programmes to target, reach and engage these key populations in HIV prevention, testing and treatment.

18. The regional burden of malaria has decreased, along with the number of affected Member States. The number of confirmed malaria cases reported in the Region decreased from 2 million in 2000 to 1 million in 2013 (with two countries, Sudan and Pakistan accounting for 84% of the cases in 2013). The reported number of deaths due to malaria in the Region declined from 2166 in 2000 to 1027 in 2013. Between 2000 and 2013, seven countries<sup>9</sup> achieved the malaria-related target of MDG 6, including three countries with >75% reduction in malaria incidence and four countries with interruption of local transmission. An assessment of trends is not feasible in five endemic countries (Djibouti, Pakistan, Somalia, Sudan and Yemen) owing to inconsistent reporting of malaria information. Malaria-free status was sustained in the remaining countries, while the risk of importation is increasing, leading to small local outbreaks in some countries.

19. The Region accounts for 7% of the global tuberculosis burden, with Afghanistan, Pakistan, Morocco, Somalia and Sudan contributing to 84.5% of the regional burden (Pakistan alone accounts for 63%). The Region achieved the MDG 6 targets of halting and reversing the tuberculosis incidence in 2014, but has not yet reached the STOP TB targets of halving the prevalence and the mortality. Tuberculosis incidence in the Region declined by 12% (from 136 per 100 000 population in 1990 to 121 per 100 000 in 2013) and tuberculosis-related mortality declined from 27 per 100 000 to 23 per 100 000 during the same period.

## The SDGs and the health goal

20. The Open Working Group on Sustainable Development Goals (OWG) was established in January 2013, based on the outcome document of the UN Conference on Sustainable Development (Rio+20). Building on an inclusive intergovernmental negotiation process, the role of the OWG was to prepare a proposal for a set of Sustainable Development Goals (SDGs) for consideration by the

<sup>9</sup> Afghanistan, Iran, Saudi Arabia achieved >75% reduction in malaria incidence. Iraq, Morocco, Oman and Syrian Arab Republic interrupted local transmission

General Assembly at its 68th session. The OWG's proposal was developed in 2014 and welcomed by the UN General Assembly (UNGA) in September 2014.

21. The SDGs will be endorsed at the UN summit (2) for the adoption of the post-2015 development agenda which will be held from 25 to 27 September 2015, in New York, and will be convened as a high-level plenary meeting of the General Assembly. The SDGs will build on the Millennium Development Goals (MDGs) and complete the targets that were not achieved by 2015. Endorsement of the SDGs will also include agreement on new targets and indicators to be adopted by Member States with a timeframe of 15 years (2016–2030). Seventeen goals have been proposed (Annex 1), with 169 associated targets and supported by the three pillars of sustainability: economic development, environmental protection and social equity.

22. Six elements have been identified for delivering on the SDGs, which help frame and reinforce the universal, integrated and transformative nature of the agenda:

- Dignity: to end poverty and fight inequalities
- People: to ensure healthy lives, knowledge, and the inclusion of women and children
- Prosperity: to grow a strong, inclusive and transformative economy
- Planet: to protect our ecosystems for all societies and our children
- Justice: to promote safe and peaceful societies, and strong institutions
- Partnership: to catalyse global solidarity for sustainable development

23. During the process of agreeing on the post-2015 framework for sustainable development, there was general consensus that the framework needs to build on lessons learned from the unfinished agenda of the MDGs. It should address the multiple interlinked global challenges of eradicating poverty, ensuring environmental sustainability, achieving economic equity and tackling climate change; and the principles of participation, accountability, equality and non-discrimination must cut across any post-2015 framework to ensure outcomes which are effective, just and sustainable (3).

24. Health is positioned as the third goal of the 17 SDGs. The overarching theme of the health goal is to “Ensure healthy lives and promote well-being for all at all ages”. The overarching health goal is not a standalone goal, but should also be a measure of progress in other SDGs as health is influenced by economic, social and environmental determinants. For example, the subjects of many of the goals are also important determinants of health, including poverty, nutrition and education. Other goals, such as sustainable cities and energy, are also closely linked to health and health outcomes. Measuring the health impacts and co-benefits of relevant goals and targets is a way to assess the ways in which social and environmental determinants affect health outcomes, including noncommunicable diseases. It is also a way to monitor which sustainable development policies may have health-harming consequences, such as disruptions to food systems.

25. The targets (Box 2) and monitoring indicators will be based as much as possible on existing political endorsement, technical soundness, parsimony, measurability and relevance. More than 90 targets have been recommended at various sessions of the World Health Assembly and other governing bodies’ meetings. Other recommended indicators cover the wide array of health and disease programmes. A global reference list of 100 core health indicators (4), agreed upon by WHO and global health agency leaders, is aimed at providing concise information on the health situation, risk factors, service coverage and health system response at national level.

26. Building on lessons learnt from implementation of the MDGs, the monitoring of the health-related SDGs will require well established mechanisms for accountability at country, regional and global levels to bring together the various initiatives and avoid fragmentation, duplication and inefficiency. Ideally, these mechanisms will need to be: inclusive, independent, evidence-based and transparent, and lead to remedial actions. The monitoring of the health-related targets and corresponding reviews should feed into the overarching accountability framework of the SDGs. This can only be achieved through multiple mechanisms of monitoring, including: regular reviews of

**Box 2: The nine targets (or subgoals) of the health-related SDG***Unfinished business of the MDGs*

- By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births
- By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1000 live births
- By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

*Noncommunicable diseases and injuries*

- By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being
- Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
- By 2020, halve the number of global deaths and injuries from road traffic accidents

*Cross-cutting and systems-focused*

- 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
- 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
- By 2030, substantially reduce the number of deaths and illness from hazardous chemical and air water soil pollution and contamination

progress by Member States reported through the World Health Assembly, independent expert review groups that report to governing bodies and possibly social accountability mechanisms that provide a direct avenue for people's voices.

**The way forward for the post-2015 development agenda in the Region**

27. Health development in the Region faces important challenges that need to be addressed in a comprehensive and effective way. The five regional strategic priorities (health system strengthening, communicable diseases and health security, noncommunicable diseases, maternal and child health and emergency preparedness and response) endorsed by Member States at the 59th session of the Regional Committee in 2012 will continue to be priorities for Member States and WHO throughout the period of implementation of the SDG framework. The inclusion of some of these priorities, such as noncommunicable diseases and health systems strengthening, in the targets of Goal 3 represents major progress. Moving forward in implementing actions to achieve the targets will be guided by the following strategic approaches.

- The health framework for sustainable development in the 21st century must adopt a life-course approach to maximize healthy well-being at all ages through universal health coverage and pro-health policies in all sectors.
- Countries will need to implement policies to create enabling social and environmental conditions that promote the health of populations and help individuals make healthy and sustainable decisions related to their daily living. The full engagement of all governmental sectors at the highest level is a prerequisite to the effective implementation of Goal 3.
- It is essential to build on the experience of the MDGs by addressing the challenges faced by many countries of the Region over the past 15 years.

- Health information systems have important gaps in most countries of the Region. Implementation of the framework for health information systems and core indicators for monitoring health situation and health system performance (5), endorsed by the Regional Committee at its 61st session, and the adoption governance and accountability mechanisms will be essential to the success of health programmes post 2015.
- Most of the Goal 3 targets relate to areas that have already been adopted by WHO and the UN as major priorities with clear vision, sound strategic objectives and, in some cases, global targets. It is vital that global and regional targets and indicators that have already been set are harmonized with the list of SDG indicators which is expected to be finalized in March 2016.
- The development of the SDGs comes at a unique time, when the world, and the Region more specifically, are challenged by global health threats, increasing conflict, both in numbers and intensity, leading to humanitarian crises and forced displacement of populations, and reversing much of the development progress made in recent decades. A higher level of commitment to some of the Goal 3 targets, such as improved access to health care and improved mental health services, will be essential.

28. Taking these approaches into account, the following outlines in more specific terms the way forward for each of the key components within the regional priorities and ongoing WHO strategies and roadmaps.

#### *Reproductive, maternal, neonatal and child health*

29. In spite of the progress attained, maternal and child mortality will remain a major public health concern in the Region.

30. WHO will continue to focus on the high burden countries and countries that are affected directly or indirectly by emergency situations. However, all countries of the Region will be developing strategic and operational plans for reproductive maternal, neonatal and child health for 2016–2020, in accordance with the renewed global strategy for women's, children's and adolescents' health, due to be endorsed by the UN General Assembly in September 2015. The approach will be comprehensive, integrated and focused on health equity and related social determinants of health, to ensure equitable coverage with evidence-based interventions. Building on the existing momentum, the initiative "Saving the lives of mothers and children" will continue in full partnership with UNICEF and UNFPA and other concerned partners at the country level. Once high-burden countries in the Region have developed their plans, they can benefit from the new global financing mechanism (financing facility) which was established to enable the support of the global strategy.

31. WHO is committed to strengthening its technical support to Member States to address the challenges, based on the experience of the MDGs, and to strengthening national capacity to monitor progress and to improve quality of care, and civil registration and vital statistics. It will continue to provide clear guidance on how to address maternal and child health in emergency situations, to document and share successful interventions and best practices in the Region; and to strengthen mechanisms for collaboration and coordination, both internally and externally, with UNFPA, UNICEF and other key stakeholders.

#### *Communicable diseases*

32. Countries of the in the Region will need to build on the progress made towards MDG 6 so far by scaling up services and by also expanding their scope to reach the new post-2015 targets for HIV, tuberculosis, malaria and neglected tropical diseases.

33. WHO provides a framework for action through its global health sector strategy on HIV 2016–2021, the global technical strategy for malaria 2016–2030 and the End TB strategy

(2015–2035). These strategies define the essential services and interventions that people should receive, and identify ways to assure and improve the quality of services and programmes.

34. Regional strategies and action plans are being revised and developed based on the directions of global strategies and country specificities, as well as programme-specific challenges.

35. A regional HIV action plan (2016–2021) is being developed that promotes context-specific interventions. Major challenges to be addressed with WHO support include: renewing political commitment and adequate investment in the HIV response; focus on populations at higher risk, high-impact interventions and new service delivery models that foster decentralization and integration to ensure rapid scale-up, equity and efficiency; and application of innovations in HIV prevention, testing and treatment that can boost impact.

36. A regional malaria action plan (2016–2020) is being developed that supports all endemic countries to accelerate efforts towards elimination through combinations of interventions tailored to local contexts. The regional plan is in line with the global technical strategy, adopted by the World Health Assembly in 2015, which comprises three pillars: ensuring universal access to malaria prevention, diagnosis and treatment; accelerating efforts towards elimination and attainment of malaria-free status; and transforming malaria surveillance into a core intervention. The supporting elements are: harnessing innovation and expanding research; and strengthening the enabling environment.

37. A regional tuberculosis action plan (2016–2020) is being developed, in line with the three main pillars of the global end TB strategy: integrated patient-centred care and prevention; bold policies and supportive system; and intensified research and innovation. The regional plan takes into consideration the current regional epidemiological and political situation.

### *Noncommunicable diseases and injuries*

38. The prevention and control of noncommunicable diseases is an example of an area of work that already has a clear global vision and commitments. At regional level, the focus continues to be on scaling up the implementation of the Political Declaration of the High-Level Meeting of the UN General Assembly on the Prevention and Control of Non-Communicable diseases, based on the regional framework for action (6). The framework for action covering strategic interventions has been adopted by all countries as a clear roadmap to operationalize the commitments of the UN Political Declaration. Since its endorsement by the Regional Committee, in 2012, the framework has been updated to reflect the time-bound commitments and to include a set of progress indicators, intended to guide Member States in measuring national progress in implementing the strategic interventions by the time of the next UN review in 2018. Work is now being undertaken to achieve the global targets, with some modification to ensure harmonization with the framework for the SDGs.

39. The global burden of disease study has shown that the prevalence of mental disorders, specifically depressive illness and anxiety disorders, is highest in the countries of the Region and is almost wholly accounted for by the complex emergency situations prevailing across the Region. In order to operationalize the comprehensive mental health action plan 2013–2020 adopted by the Sixty-sixth World Health Assembly, a regional framework for scaling up action on mental health has been proposed for consideration by the Regional Committee at its 62nd session. The regional framework identifies key strategic interventions across the domains of governance, health care, promotion and prevention, and surveillance, monitoring and research. It also provides a set of indicators to monitor progress in implementing these interventions.

40. In the Eastern Mediterranean Region, the burden of disease attributable to substance abuse (narcotic drug abuse and harmful use of alcohol) is largely attributable to drug use. In order to strengthen the public health responses to drug problems, a regional framework for strengthening



public health response has been developed in collaboration with civil society organizations, UN sister organizations (UNODC and UNAIDS), and international and regional experts.

41. WHO will continue to work with Member States in the Region to meet the commitments of Member States and concerned UN agencies to reduce the burden of road traffic injuries and deaths, under the UN General Assembly (resolution 64/255) Decade of Action for Road Safety 2011–2020, for which WHO is the Secretariat. WHO is responsible for supporting the data and post-crash care aspects of the global plan for the Decade of Action for Road Safety. Action has been initiated to develop a comprehensive assessment of the magnitude and characteristics of morbidity and mortality caused by road traffic injuries in the Region and to construct an effective plan to prevent such injuries and reduce mortality. A high-level ministerial meeting to launch the plan will be organized in early 2016.

### *Universal health coverage*

42. Universal health coverage is, by definition, a practical expression of the concern for health equity and the right to health, and contributes to sustainable development. The goal of achieving it has two inter-related components – coverage with needed health services (prevention, promotion, treatment and rehabilitation) and coverage with financial risk protection, for all – both being valued for their own sake. Universal health coverage is a dynamic process. It is not about a fixed minimum package, but about making progress on several fronts: the range of needed services that are accessible in good quality; the proportion of the costs of those services that are covered by a pre-payment arrangement; and the proportion of the population that is covered. Monitoring of the progress towards universal health coverage will be essential. It includes ensuring coverage of at least 80% of key health interventions in all population groups, as well as ensuring that the incidence of catastrophic/impoverishing health spending is reduced to zero.

43. WHO is working with Member States to implement the regional framework for action on advancing universal health coverage (UHC) (7). This entails supporting Member States to formulate a vision, develop a strategy and define a road map which are context specific. Moving towards universal health coverage requires a strong, effective and efficient health system that can deliver quality services on a broad range of country health priorities, including those relating to NCDs, mental health, infectious diseases and reproductive health. Moving towards universal health coverage requires health financing systems that raise sufficient funds for health in an equitable and sustainable manner, access to essential medicines and technology, good governance, functioning health information systems, effective and good quality people-centered services, and a well-trained and motivated workforce. Long-term, predictable, and sustainable financing for health (from domestic and international resources) will be required to ensure realization of this component by all Member States.

### *Environmental health*

44. WHO will continue to support countries of the Eastern Mediterranean Region in their concerted efforts to substantially reduce the number of deaths and illness from hazardous chemical, air, water and soil pollution and contamination by 2030. It is essential that a collaborative multi-agency approach is adopted, emphasizing the leadership of the public health sector in terms of governance and surveillance responsibilities, as well as advocacy and motivation of other specialized environmental health service agencies. The regional approach to this can be summarized as follows: support countries to undertake proper actions to mitigate the impact of environmental risks.

45. In order to reduce the high burden of modifiable environmental risk factors for communicable and noncommunicable diseases in the Region, ministries of health in the Region will need to assume the roles of stewarding broker and interlocutor, in partnership with other actors within their respective governments, promoting cost-effective environmental health interventions from prevention to mitigation to control

46. In 2013 at its 60th session the Regional Committee endorsed a regional strategy on health and the environment and framework of action 2014–2019 to address environmental risks and corresponding interventions (EM/RC60/R.5). In 2015, the World Health Assembly adopted a resolution on the health impacts of air pollution. These are both practical instruments that will continue to guide the work in achieving the SDGs, building on the notable progress achieved so far in the area of environmental health under the MDGs.

### *Monitoring progress*

47. Governments, development partners, public and private health providers and civil society at sub-national, national and international levels alike must be held accountable for meeting the health-related SDG targets. To ensure good accountability, a monitoring framework for the targets has been developed. However, there is an emerging consensus that suggests the focus of SDG monitoring will be at the national level. Complementary monitoring will occur at regional and global levels. Member States will mobilize, analyse and communicate data on progress towards achieving their objectives. Monitoring and review will be an important complement to official monitoring and review at national, regional and global levels. The availability of quality, timely, accessible and reliable disaggregated sub-national data is crucial to ensure inequities are identified, monitored and addressed.

48. Learning from the experience of the MDGs, the generation, availability and accessibility of timely quality data for key health indicators will be essential in monitoring the progress towards achieving the targets of the health-related SDG. In this regard, WHO's work in the Region will continue to focus on two priorities: helping countries to implement the framework for health information systems and core indicators for monitoring health situation and health system performance endorsed by the Regional Committee; and strengthening civil registration and vital statistics based on the regional strategy endorsed by the Regional Committee at its 60th session (EM/RC60/R.7). Strengthening the reporting of cause-specific mortality is of great importance in the monitoring and accountability framework for the SDGs. Based on the rapid and comprehensive assessments conducted in almost all countries over the past 2 years, WHO recently provided a specific road map to each Member State for action. WHO will focus on providing technical expertise to help the relevant national authorities to take appropriate action to address the gaps.

### **Conclusion**

49. Committed and sustained country leadership, political commitment and financial resources will be key to driving the transformative changes expected of the post-2015 framework and the SDGs. The experience gained with the MDGs demonstrates that country leadership and political commitment are fundamental in creating an enabling environment for achieving better health outcomes. The development of the post-2015 framework provided the global health community with a unique opportunity to ensure the inclusion of health priorities which were excluded from the MDGs.

50. In addition to the list of targets under Goal 3, there are close links to many of the other 16 proposed goals that aim to reduce disparities and improve health beyond 2015. Achieving shared goals and synergies will require a coordinated, multi-sector response, involving many actors at different levels. It will also require the elimination of long-standing bureaucratic and financial disincentives that impede cross-sector work among international agencies, governments and nongovernmental stakeholders. Work will continue among the various partners to delineate a clear role for each entity in moving towards achieving the common aims of the SDGs. It is important that countries build commitment and management capacity in their health sectors to work with other health-enhancing sectors, and vice versa, in order to maximize synergies for health and sustainable development within the context of the health goal and other related goals and to ensure health equity.

51. Enhancing the collaboration of governments, local communities, civil society and partners in countries that are affected by conflict, political instability and humanitarian situations will remain high on the agenda of work of WHO and Member States, in order to ensure access of the population

to better health services. It is equally important is the building of resilient health systems, and this will remain remains an important agenda item in the years to come in the Region.

## References

1. World health statistics 2014. Geneva: World Health Organization; 2014  
([http://apps.who.int/iris/bitstream/10665/112738/1/9789240692671\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/112738/1/9789240692671_eng.pdf), accessed 4 September 2015).
2. United Nations Sustainable Development Summit 2015. United Nations Sustainable Development Knowledge Platform. New York: United Nations  
(<https://sustainabledevelopment.un.org/post2015/summit>, accessed 4 September 2015).
3. Sustainable Development Goals and the relationship to a post 2015 global development framework. Beyond 2015, 2012. United Nations Sustainable Development Knowledge Platform. New York: United Nations  
(<https://sustainabledevelopment.un.org/index.php?page=view&type=400&nr=780&menu=1515>, accessed 4 September 2015).
4. Global reference list of 100 core health indicators. Geneva: World Health Organization; 2015  
([http://apps.who.int/iris/bitstream/10665/173589/1/WHO\\_HIS\\_HSI\\_2015.3\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/173589/1/WHO_HIS_HSI_2015.3_eng.pdf?ua=1), accessed 4 September 2015).
5. Framework for health information systems and core indicators for monitoring health situation and health system performance. Cairo: World Health Organization; 2014  
([http://applications.emro.who.int/dsaf/EMROPUB\\_2014\\_EN\\_1792.pdf?ua=1](http://applications.emro.who.int/dsaf/EMROPUB_2014_EN_1792.pdf?ua=1), accessed 4 September 2015).
6. Framework for action to implement the United Nations Political Declaration on Noncommunicable Diseases, including indicators to assess country progress by 2018. Cairo: World Health Organization; 2015  
([http://applications.emro.who.int/docs/RC\\_Resolutions\\_2012\\_2\\_Annex\\_14778\\_EN.pdf?ua=1](http://applications.emro.who.int/docs/RC_Resolutions_2012_2_Annex_14778_EN.pdf?ua=1), accessed 27 September 2015).
7. Framework for action on advancing universal health coverage (UHC) in the Eastern Mediterranean Region. Cairo: World Health Organization; 2015  
([http://applications.emro.who.int/docs/Technical\\_Notes\\_EN\\_16287.pdf?ua=1](http://applications.emro.who.int/docs/Technical_Notes_EN_16287.pdf?ua=1), accessed 27 September 2015).

## **Annex 1. The Sustainable Development Goals**

Goal 1. End poverty in all its forms everywhere

Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture

### **Goal 3. Ensure healthy lives and promote well-being for all at all ages**

Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

Goal 5. Achieve gender equality and empower all women and girls

Goal 6. Ensure availability and sustainable management of water and sanitation for all

Goal 7. Ensure access to affordable, reliable, sustainable and modern energy for all

Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

Goal 9. Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation

Goal 10. Reduce inequality within and among countries

Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable

Goal 12. Ensure sustainable consumption and production patterns

Goal 13. Take urgent action to combat climate change and its impacts

Goal 14. Conserve and sustainably use the oceans, seas and marine resources for sustainable development

Goal 15. Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss

Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

Goal 17. Strengthen the means of implementation and revitalize the global partnership for sustainable development