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SDGs, health and the G20: a vision for public policy

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Abstract
Ensuring 'health for all' remains a persistent and entrenched global challenge. G20 governments are in a position to elevate the priority accorded to health, and acknowledge the centrality of health to attaining the SDGs. The authors call on G20 leaders to build nations that are more inclusive and less divided, by: adopting a Health- in-All-Policies approach, prioritizing the most vulnerable, engaging citizens in policy processes, and filling health data gaps.

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Envisioning a healthier world – why the G20 matters

In September 2015, 194 countries signed on to the Sustainable Development Goals (SDGs), providing an ambitious, universal and transformational vision. 'Ensuring healthy lives and promoting the well-being for all at all ages' (SDG 3) is essential to overall sustainable development, and made all the more relevant by the continued emergence of new pandemics and global health challenges such as Antimicrobial Resistance (AMR). Despite progress on surveillance and healthcare innovation, there are still devastating gaps in health outcomes between and within countries. Life expectancy varies drastically between rich and poor, healthcare is not universally accessible, and too many lives are cut short by preventable infectious and chronic diseases. Ensuring 'Health for All' remains a persistent and entrenched global challenge. As countries organize their national and local policies, SDGs provide a vision for public policy that can lead to positive change based on evidence and political commitment.

To what extent will G20 governments elevate the priority accorded to health, and acknowledge the centrality of health to achieving the SDGs? Some momentum appears to be there, and in fact the G20 Action Plan lists Global Health as one of the fifteen Sustainable Development Sectors (SDS) (G20 2016). The G20 will inevitably prioritize sectors of Agenda 2030 where it has a comparative advantage and adds value as a global economic forum. Investments in health reduce poverty, contribute to economic growth, strengthen labor productivity, build more equitable societies, address the need for gender equality, and, contribute to human development. Consequently, as the G20 Action Plan is updated and adapted to reflect successive G20 priorities until 2030, the health-related SDGs should achieve ever-increasing prominence on the G20 agenda.

The 2016 Hangzhou G20 Leaders' Communiqué mentioned health as an "issue affecting the world economy" and confirmed its contribution to sustainable development but otherwise restricted itself thematically to "explore in an inclusive manner to fight antimicrobial resistance". Under the Germany G20 Presidency health received much greater attention and political leadership: for the first time, a G20 Health Ministers Meeting was held and the Berlin Declaration - acknowledging the importance of health as well as the scale of the challenge ahead – was adopted (Federal Ministry of Health, German 2017). Argentina will continue to address health in its G20 Presidency, and like Germany will also host a health ministerial and health experts working groups. Under an overarching theme of "unleashing people's potential", Argentina's 2018 G20 health priorities include strengthening health systems with a focus on universal health coverage, prevention of childhood overweight and obesity, and antimicrobial resistance and the fight against pandemics and health emergencies. This represents, largely, continued coordination and collaboration in areas that were already emphasized in the Berlin Declaration.

In order for real progress to be made against the health-related SDGs, health needs to remain on the G20 agenda. The G20 has influence due to its comparative size and diversity. The G20 account for over 85% of world GDP, 80% of world trade, two-thirds of the world's population. Compared to the G7, the expanded membership of the G20 includes a wider array of interests and realities: those of both developed high-income and emerging middle-income economies. The G20 includes established aid donors, emerging aid donors, and countries at the centre of

large regional trading blocs. In terms of health, the G20 countries have large populations confronted with systemic health inequities, a diversity of health challenges and priorities, and a range of health system arrangements and health financing modalities. Disagreements on approaches to health are more likely and agreements possibly harder to achieve. However, the benefits of health policy coordination via this forum will be in the best interest of each individual country as well as the collective whole.

In this paper, we describe a two-year process of regional and global consultations (Figure 1), from which recommendations of relevance to health and the G20 emerged. The consultations provided a forum for an evidence-based exchange amongst researchers and practitioners for whom a healthier world is a key dimension of sustainable development. We outline the process by which these consultations originated and were organised, and summarise the key findings that emerged during the dialogues. Based on these insights, the paper articulates a case and a vision for G20 political leadership in which concerted attention is given to catalyzing progress towards the SDGs by recognizing the centrality of health.

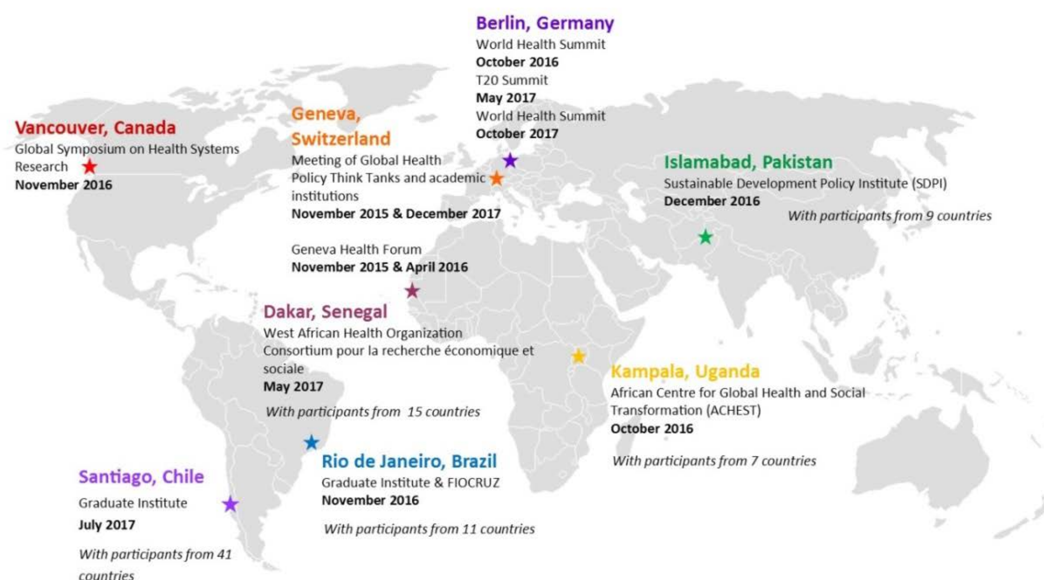

Figure 1: Global and regional consultations

The consultations and dialogue – an inclusive, participatory process

In November 2015, 60 global health policy research institutions, researchers and international agencies came together in Geneva to explore what it takes to accelerate the implementation of the health-related SDGs. The participants of the meeting left convinced that the 2030 agenda is only possible with different stakeholders acknowledging the links between the 17 Goals and targets, and working together towards achieving the Goals (Jha 2016). After this first meeting,

several regional and global events unfolded in 2016 and 2017. These meetings explored the role of policy research institutions, evidence informed policies and meaningful engagement of civil society and citizens in implementation and monitoring of these goals, specifically those that relate to and impact on health.

Each consultation brought together at least 50 representatives from ministries of health, civil society organizations, and academic and policy research institutions to identify the needs and challenges of health-related SDG implementation, and provided a space to generate ideas for collective action within countries, regionally and globally. The consultations reinforced the idea that actions must be guided by a multisectoral approach, and it is critical to engage civil society and citizens to generate evidence and to solve persisting health challenges. The regional and global meetings have challenged development donors, researchers and policymakers to shift thinking from global tools to contextualized solutions and targets, and from data collection to co-construction and sharing of knowledge to bring positive change (Taylor 2017).

Findings from the consultations relevant to the G20 for global health investment

The following findings, as well as some practical suggestions for action, emerged from the consultations and fora outlined above.

1. Integrate health in all policies

Health-in-All-Policies is an approach to improve accountability for health impacts at all levels of policy-making (WHO 2013; Adelaide Statement II 2017). It emphasizes the consequences of public policies on health systems, and recognizes the influence of social determinants of health on well-being. Given the SDGs' multisectoral nature, Goals are interrelated (Blomstedt 2018) and each Goal has a relationship to health and wellbeing. Hence, there is an urgent need to consider the impact on health when other Goals are being implemented.

The Shanghai Declaration on Promoting Health in the 2030 Agenda reinforces that good governance at all levels is crucial for better health (WHO 2017a). This requires investment and action at national, local and global level. Concrete action is needed to address, among others, the damaging effects of unsustainable production and consumption (SDG 12), to give consideration to offset economic policies that create unemployment and unsafe working conditions (SDG 8), to address marketing, investment and trade when it concerns health (SDGs 16 and 17).

Findings from the consultations indicate that this could be achieved through:

Recognising the economic case for health investments, in order to avoid the ongoing challenge of premature mortality and to make significant progress towards achieving sound health for all citizens. Health is central for individuals and households, for national growth and development and it fundamentally contributes to employability and productivity (Jamison et al. 2013). Economists have shown that investing in healthcare has long term benefits to society, not only

in improving health outcomes but also in improving economic growth and gross domestic product (GDP) (Stevens et al. 2015; Kapferer 2015). These arguments are particularly important as a means of attracting interest and engagement from the policymakers, Ministries and donors who contribute to national priority setting through the allocation of necessary resources to health systems. At national level, the role of Finance Ministries is crucial, and to ensure that health-related development outcomes are achieved, persuasive economic arguments are important.

Acknowledging health as a fundamental human right because it stresses health for all to be a justice issue, rather than aid and assistance. A human rights framing offers citizens new and powerful social identities as co-owners of national resources, rather than being seen simply as deserving recipients of support (Cochrane 2017; Ferguson 2015). It considers priority setting and policy implementation by taking into account citizens' rights to health and well-being, and examining existing financial, cultural and social barriers to access to healthcare and health equity. Such a framework can help address power relations and structural barriers (OECD 2006). Furthermore, it puts an emphasis on the guiding principles such as justice, participation and non-discrimination in a policy making-process.

In the context of the SDGs leaving no one behind is particularly important for health rights. It relates not only to SDG 1 on poverty, and SDG 10 on inequalities but to broader exclusion as indicated through SDG 11, and it is closely linked to gender inequalities as indicated in SDG 5. Although extreme poverty has been reduced globally, the inequalities within and between countries have grown and need to be addressed from a human right perspective for the reasons noted above. Development researchers, donors and partnerships can play an important role in bringing this shift for a positive change (Neupane et al. 2016; Pratt and Hyder 2016).

Introducing measures to address determinants of health such as education and early child development, as seen already in a number of countries such as Chile, Cuba, Kenya (WHO 2018). There is practically no health issue that does not need joint action with other sectors. For example, the agriculture and animal sector need to work jointly to address antimicrobial resistance (AMR). The role of the security sectors is critical in avoiding major disease outbreaks and onward transmission. Non-communicable diseases (NCDs) can only be addressed through action on food systems, private sector, city planning, and health literacy. Child health can be significantly improved if efforts coupled with stakeholders working towards SDG 1 (no poverty), 2 (zero hunger), 4 (quality education), 5 (gender equality), 8 (decent work and economic growth) and 17 (partnerships for the goals) (Blomstedt et al. 2018). Furthermore, there are also co-benefits of investing in environmental measures and urbanization to improve people's health.

Making health a discussion in policy arenas and ensuring the cooperation between different ministries of government and policy research institutions (WHO 2013). Examples and inspiration from the governments that have already adopted governance processes, new bills and legislation, which include health-impact-assessment (Government of South Australia and WHO 2017) should be consulted as part of the adoption of new policies. There are examples of mayors as instigators of health in all policies to address well-being and quality of life in their

cities; they are becoming an important global voice towards collective action for health (Government of South Australia and WHO 2017).

2. Prioritize the most vulnerable

In many national contexts, the burden of disease, disability and premature mortality is concentrated among the most vulnerable (Norheim et al. 2015). It is important to take into account that vulnerability and exclusion vary in different contexts and changes over time. Cooperation and partnerships that support inclusive ways to improve the health of the most vulnerable, who may include, but are not limited to ethnic minorities, refugees, women and people living in rural areas, have the potential to enhance the legitimacy of international institutions and fora like the G20. Our findings suggest that the health of the most vulnerable should be prioritized rather than aiming for the "lowest hanging fruit" as a way of demonstrating more rapid success in meeting targets, within the G20 national contexts and in low and middle-income countries (LMICs). This finding is not new and also supports World Health Organization's (WHO) mission of serving the most vulnerable (WHO 2017b).

This aim could be achieved through:

Identifying the most vulnerable populations by analyzing how access to healthcare and health outcomes are affected by factors such as age, gender, ethnicity, rurality, displacement, and disability within specific contexts. After identifying vulnerable populations in a given context, nations can then show leadership and develop health strategies for these populations. Considerations on the dimensions of marginality (availability, accessibility and affordability) play a critical role in designing appropriate policies (WHO 2015; Chapman 2016).

Adopting and implementing Universal Health Coverage (UHC) domestically and supporting it in LMICs in the most comprehensive form possible. Exclusions of coverage should be exceptions rather than the norm. UHC is based on the principles of justice and equity and addresses both the social determinants and the social implications of health by acting on the broader socio-economic inequities that leave people behind (Frenz and Vega 2010). UHC is a critical tool to enhance the legitimacy of national governments and reduce the threat of fragility by providing citizens with the healthcare they need to fully participate in all aspects of life. Scaling up primary healthcare and meeting the needs of all populations is the backbone of UHC, upon which a progressive expansion of coverage of health services and financial protection can be built (Chan and Brundtland 2016). Evidence based policymaking and strong partnerships (government, the research community and civil society) will be needed to ensure that coverage is equitable and that inequities are avoided in health outcomes. It is equally important that the performance of UHC is continuously measured (WHO 2015).

Accepting responsibility for the quality of care that the most vulnerable face and acting on the responsibility through the processes within the health systems, and promoting governance for their health, including accountability and transparency. Good health among the most vulnerable can be achieved with governments and other health actors taking a responsible, accountable and transparent approach at various levels of health system governance (WHO 2014).

3. Engage citizens and communities to generate evidence and find solutions

The SDG framework provides a platform for G20 countries to take the lead on a reconfiguration of public policy processes to engage citizens and empower communities through an inclusive and whole-of-society approach. Without such a transformative measure the SDGs will not be attained. The 1978 Alma Ata Declaration emphasized the mainstreaming of health equity on the international political agenda and its focus on primary healthcare and people-centered care: "People have a right and duty to participate individually and collectively in the planning and implementation of their healthcare" (Medcalf et al. 2015). Since then, the concept of primary healthcare has become a core concept of the World Health Organization's (WHO) goal of health for all (Medcalf et al. 2015).

Engaging communities in decision-making, planning, and implementing programs and policies that are about their own health and well-being leads to citizen empowerment and positive sustainable change (Freire 1970:125; Prost et al. 2013; Hernández et al. 2017; Gaventa and Barrett 2010). However, this engagement needs to go beyond broad participation of citizen groups, as the inclusion of women and the most vulnerable groups in these processes as key stakeholders and agents of change is crucial in addressing health inequities. Citizen knowledge, for example on perceptions of quality of local healthcare services beyond the provision of data on access to services (Grover 2013), is essential if we are to not only focus on achieving health outcomes, but also to understand the mechanisms by which these are achieved. Regular dialogue and relationship building between health system actors and service users are central to addressing tensions, changing mindsets and fostering respectful and culturally appropriate healthcare practices (Hernández et al. 2017).

This could be achieved through:

Encouraging citizen-led ownership of strategies and processes to achieve positive health outcomes. Although citizens in many national contexts are frustrated about the barriers preventing their engagement in the policy- and decision-making processes that affect their daily lives, when spaces are created and the ownership is shifted towards citizens and communities they can mobilise to bring about transformative change. One such example has been the recent efforts to mobilise communities around prevention of spread of the Dengue fever in Nicaragua and Mexico (Andersson et al. 2015).

Adding processes and mechanisms to facilitate citizen engagement in data collection, *monitoring and feedback mechanisms* in order to increase public accountability in solving complex health challenges. It is important to acknowledge that concerns may exist regarding the quality of data when broad stakeholder engagement processes are employed to generate data. However, we argue that engaging citizens and communities in data collection processes does not necessarily hinder data quality when protocols, methodologies and analyses are undertaken in a robust manner. When undertaken with explicit attention to quality assurance, such processes can, in fact, enhance both quality of data and research by establishing mutual trust, ownership and culturally appropriate measurement instruments (Esmail et al. 2015; Viswanathan et al. 2004).

There is growing evidence for the value of gathering user evidence of the problems community members experience regarding healthcare and services (Hernández et al. 2017). There is increased availability of tested digital technology for G20 countries to consider data collection engaging citizens and implement such feedback mechanisms from their citizens and in the low-middle income countries they invest in.

Working closely with conveners, such as civil society organizations, think tanks or policy research institutions who work with citizens and communities. Such institutions not only bring evidence, data and analysis to bear on health policy issues, but also convene policy dialogues, roundtables, and consultations and provide spaces and platforms where different societal actors, including government representatives, the private sector, and communities, can engage in an informed and inclusive way.

Remaining aware at all stages of the role of citizens in solving health challenges and remaining open to supporting enabling factors mentioned above. Prioritizing and systematically integrating citizens' inputs into decision making and policy processes can lead to sound health policies and to their effective and accountable implementation.

4. Fill the health data gaps

The Global Partnership on Sustainable Development Data (2017) states: "Whether for reasons of convenience, cost, or corruption, important decisions about how money and resources are allocated to services helping the poorest people in the world's least developed countries are too often made based on data that is incomplete, inaccessible, or simply inaccurate—from health to gender equality, human rights to economics, and education to agriculture" (see Global Partnership for Sustainable Development Data 2016, http://www.data4sdgs.org/). Access to quality data will make an enormous contribution to progress towards the achievement of the SDGs. However, many countries encounter persistent problems related to health data availability, quality and reliability.

In order to enhance healthcare coverage, for example, there needs to be an understanding of existing gaps, in particular, reliable data on access to medication and healthcare services, and who is being impoverished because of healthcare costs. Across and within countries, lack of data comparability remains a challenge to monitoring global progress against the health-related SDG indicators. Better data and statistics will help governments track progress, ensure that decisions are evidence-based and strengthen accountability. A major limitation in this endeavor, however, is the insufficient disaggregation of data at national and sub-national levels. G20 countries will need to find ways to maximize their technical and financial assistance for the collection of internationally comparable data within their own borders as well as in data-deprived parts of the world.

Insights and findings from the consultations indicate that health data gaps could be reduced through:

Investing in well-functioning civil registration and vital statistics (CRVS) systems domestically and via development investments in LMICs. This will provide policymakers with reliable, up-to-date data in real time and at the lowest administrative level of the population. Without a

CRVS system registering, at a minimum, all births, deaths, and causes-of-death, policymakers are relying on surveys, censuses and other sources of incomplete data. Health information systems in such settings may fail to capture the entire population, especially the most vulnerable members of society.

Adopting a multisectoral approach to data collection, and putting in place mechanisms to collect data across various actors such as governments, the private sector, researchers, policy research institutions and civil society. If citizens and communities are engaged in data collection, contextualized data will be gathered more effectively and will help fill in local data gaps. Liaising with diverse stakeholders will benefit from their comparative advantage in addressing the health data gap. For example, liaising with the private sector can ensure that health data collected by business and private companies is more widely available for public policy-making processes and accountability and transparency may also be is increased.

Adopting open access policy to share existing data to address the gaps and to maximize utilization in research and policy-making.

Strengthening the institutions responsible for data collection by understanding their needs and building their capacity to gather, store and analyze data. Institutions should also be strengthened to collect reliable data and ensure quality.

Prioritizing data disaggregation to gather information and monitor progress on vulnerable and marginalised populations.

Conclusions

The consultation findings shared in the paper confirm the approach suggested through the SDG framework. It calls for policy processes grounded in robust evidence and analysis, that enables multisectoral collaboration, that connects citizens with decision makers, and that generates creative yet locally grounded solutions to persistent health problems. The findings also call on political leaders and policymakers to clearly recognize the role that a health-for-all approach can play in building nations that are more inclusive, less divided, and less polarized. Inclusive growth and health for all, including health for the most vulnerable, at the core of the agenda, is key to ensuring the legitimacy of governments and other actors promoting health. The paper highlights the important roles of different stakeholders in global health in promoting evidence-based policymaking. It demonstrates that meaningful partnerships and common vision is a necessity of today. Further analysis will certainly be required to validate these findings within specific contexts. It will also be important to design and test potential ways forward for G20

Further research needed to answer:

- Multisectoral collaboration for health and mechanisms to sustain it
- Sustaining quality of care in resource-deprived settings
- Role of different stakeholders in ensuring data quality

countries to address these issues and recommendations, and to ensure that those findings and lessons are shared as widely as possible.

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