



Social and Economic Development: achievements, opportunities and challenges

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“Second Meeting of Global Health Policy Think Tanks and Academic Institutions”

Rio de Janeiro, November 7th 2016



RIO+ Centre



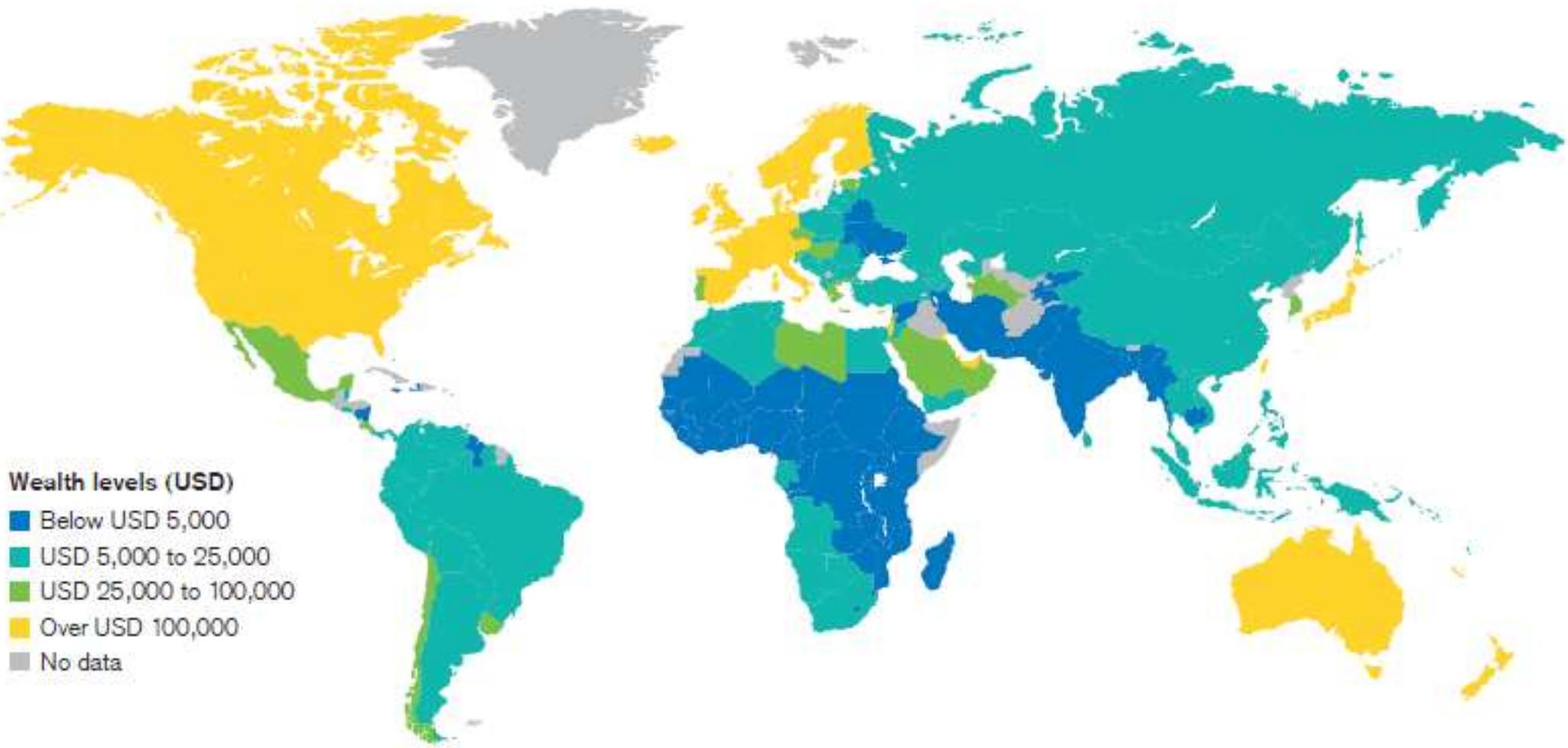
*Empowered lives.
Resilient nations.*

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*Empoderando vidas.
Fortalecendo nações.*

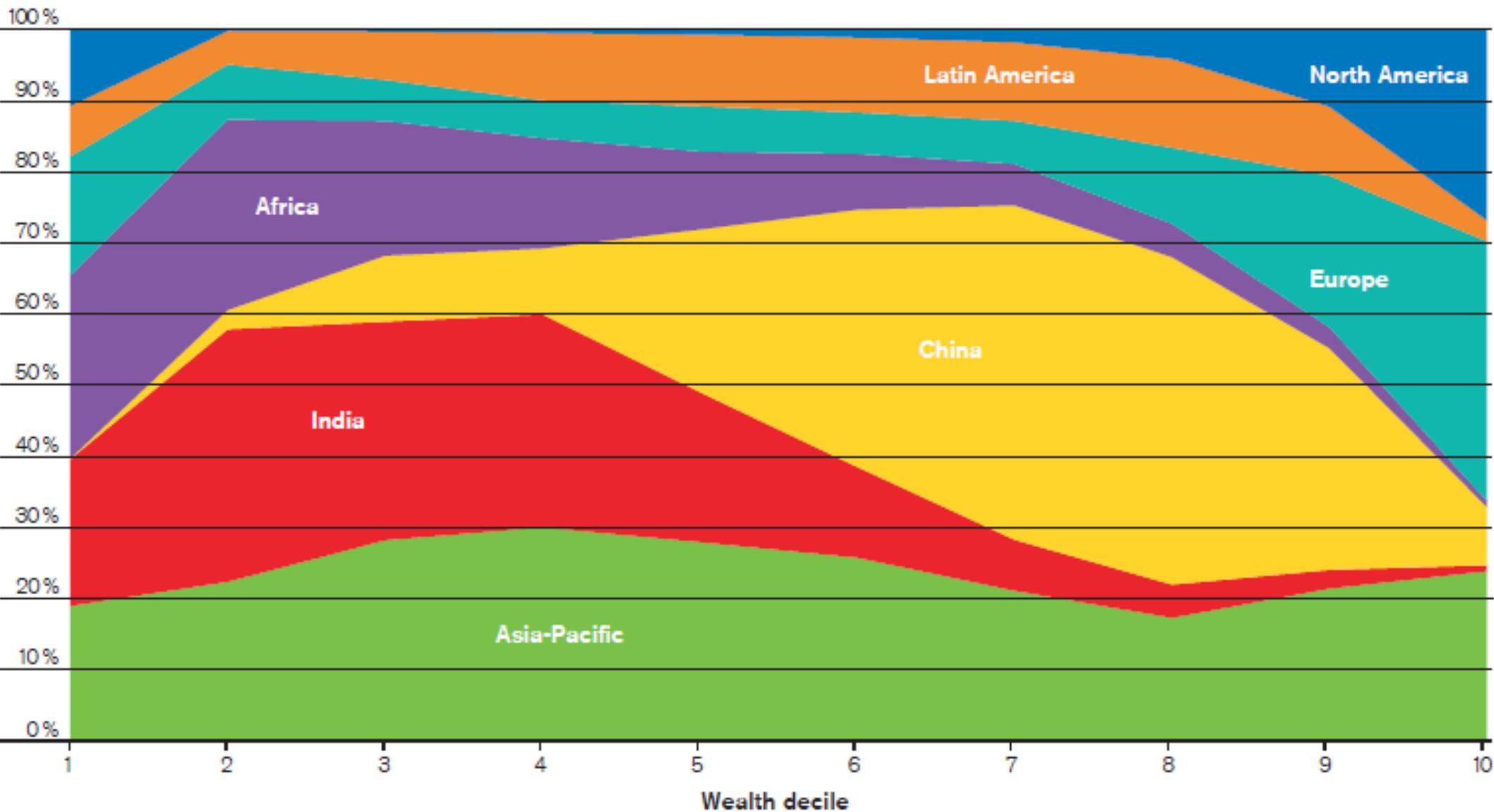
World wealth levels, 2015



Source: James Davies, Rodrigo Lluberas and Anthony Shorrocks, Credit Suisse Global Wealth Databook 2015



Regional composition of global wealth distribution, 2015



Source: James Davies, Rodrigo Lluberas and Anthony Shorrocks, Credit Suisse Global Wealth Databook 2015

Gini Cx. Evolution High and Middle Income countries

Figure 1.1 Evolution of Gini coefficients, high-income countries

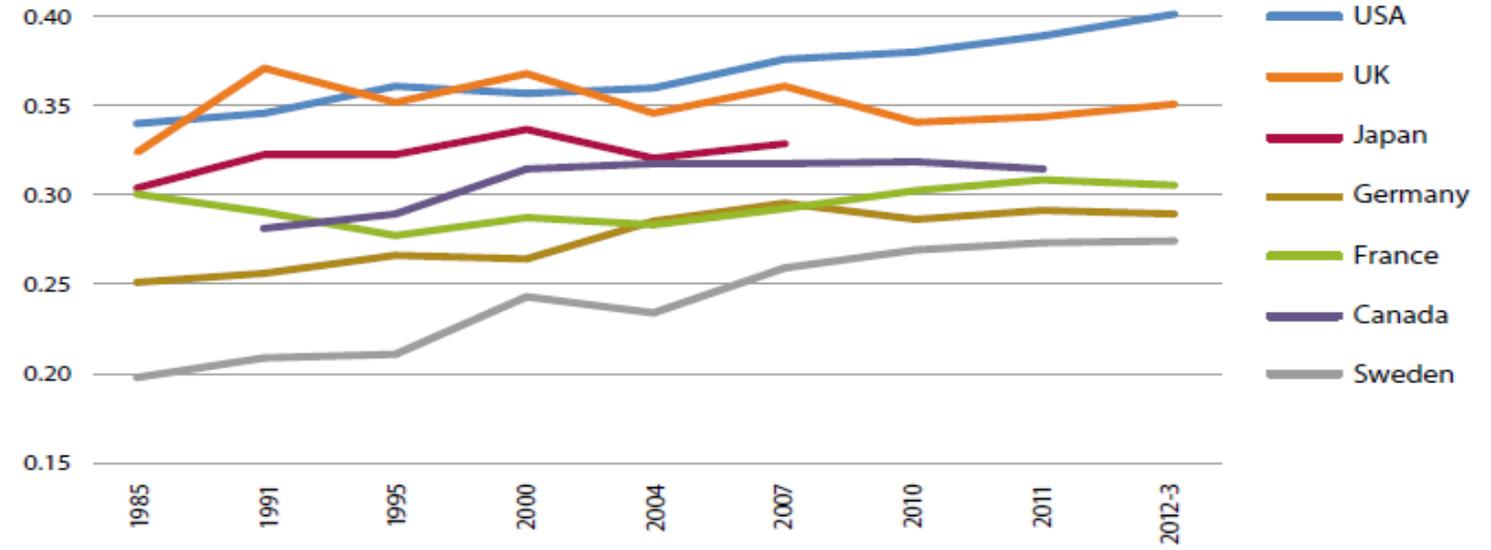
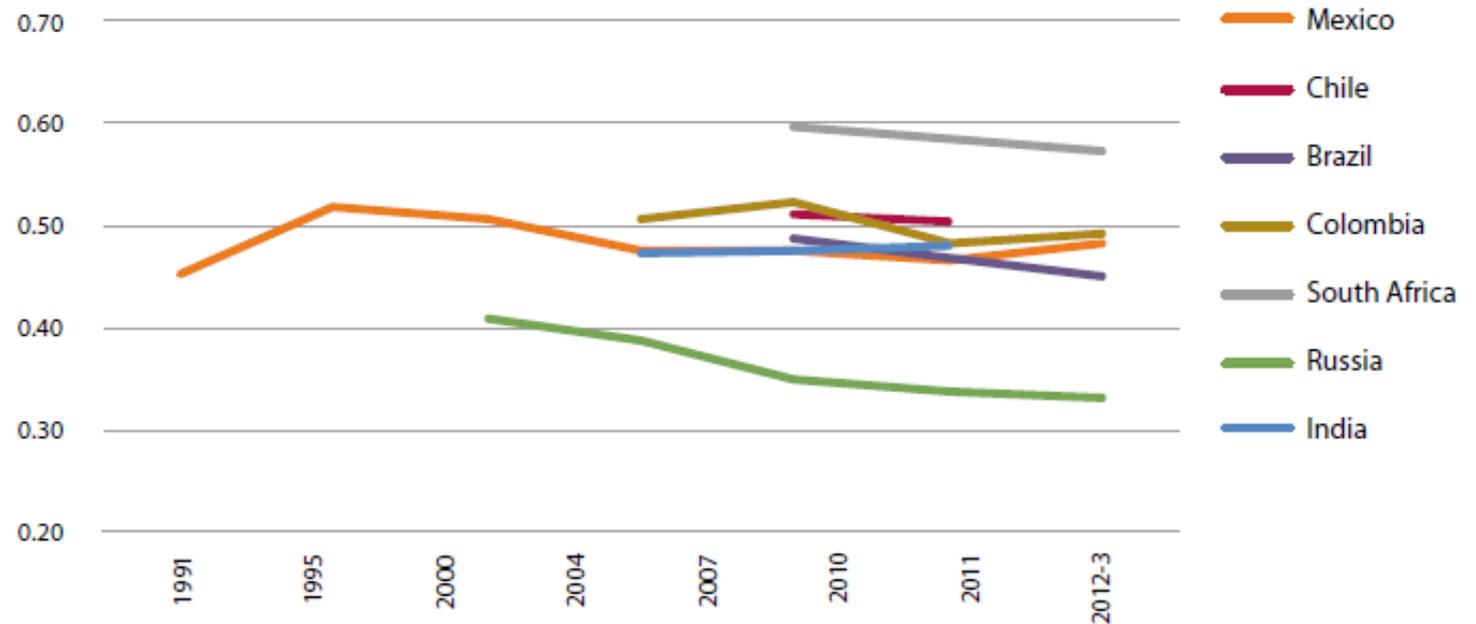


Figure 1.2 Evolution of Gini coefficients, middle-income countries



from:
world social science Report 2016

THE UNFINISHED BUSINESS OF THE MDGs



POVERTY

700 million people live in extreme poverty



HUNGER

795 million people are undernourished



WATER

650 million people do not have access to improved drinking water sources



SANITATION

2.4 billion people still lack access to basic sanitation services



HEALTH

16,000 children die each day before they reach the age of five, mostly from preventable causes



ENERGY

1.4 billion people have no access to electricity



INEQUALITY

Inequality of income and opportunities have both substantially increased



ENVIRONMENT

Acute challenges, including food and water insecurity, climate change and natural disasters

TRANSITIONING TO THE SDGs: UNFINISHED BUSINESS OF THE MDGs

Progress on selected Millennium Development Goals

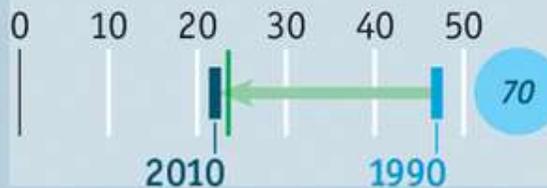
Developing countries

2015 targets (goal met): | (Yes) | (No)

00 % of countries on track, 2010

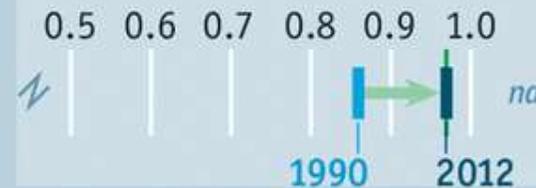
Reduce extreme poverty by half

Population living on less than \$1.25 a day*, % of total (Y)



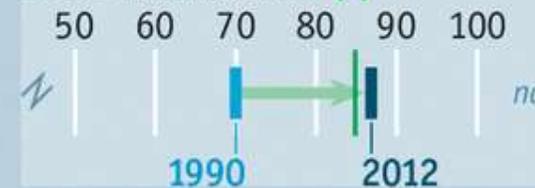
Gender equality in education

Ratio of enrolled females to males at primary school (Y)†



Halve the proportion of population without improved drinking water

% of population with access to safe drinking water (Y)



Reduce child mortality by two-thirds

Deaths of children under five per 1,000 live births (N)



Reduce maternal mortality by three-quarters, Maternal deaths†

per 100,000 live births (N)



Universal primary education

Enrolment as % of all primary-school-age children (N)

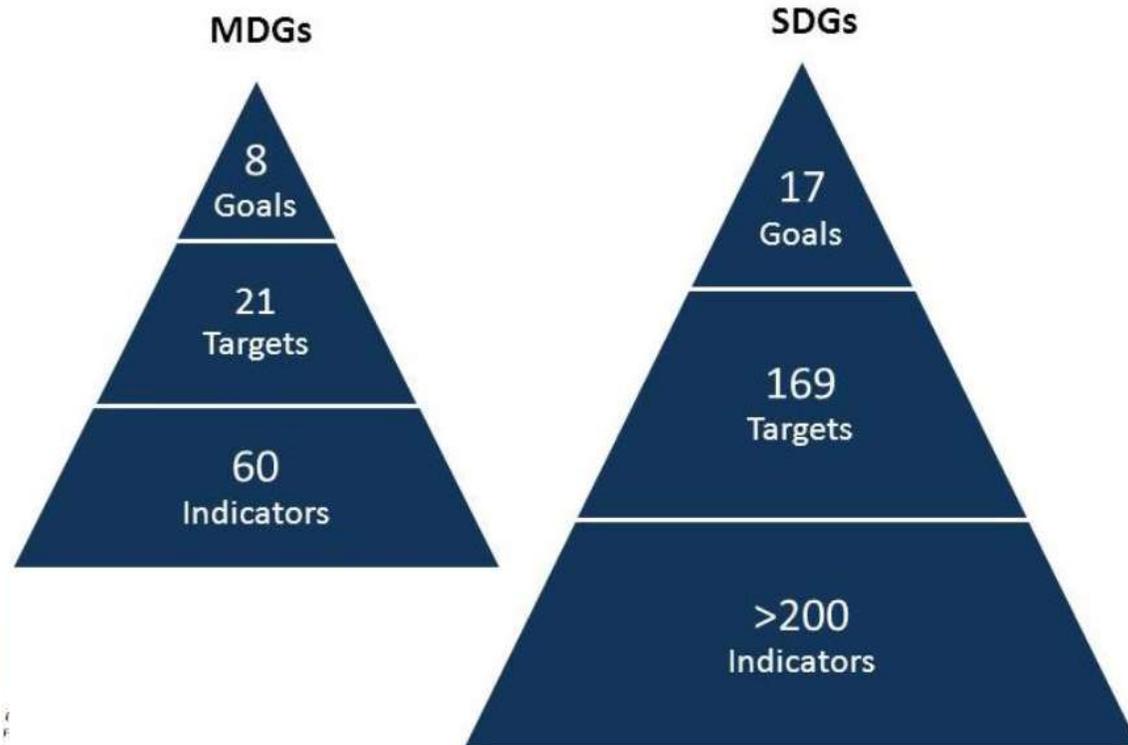


Sources: UN; E. Samman, L. Rodriguez Takeuchi, Overseas Development Institute

*At purchasing-power parity †Women aged 15-49

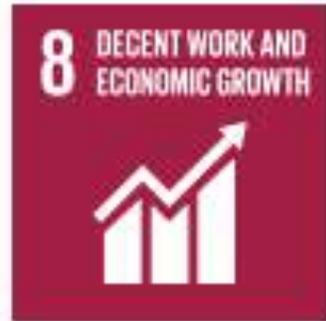


MDGS X SDGS





SUSTAINABLE DEVELOPMENT GOALS



SDG #3

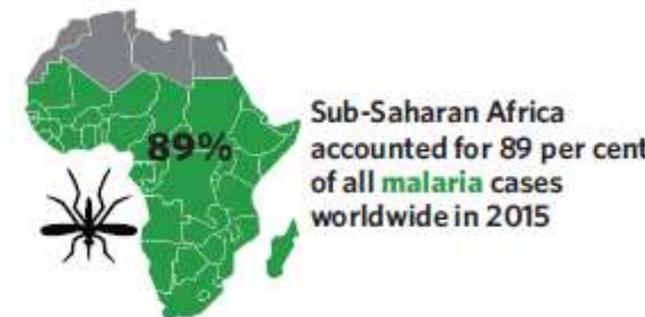
13 target and 26 indicators:

- 4 targets are enhanced MDGs;
- 4 targets related to non-communicable diseases, mental health, violence and environmental health;
- 4 targets related to means of implementation; and
- Universal health coverage.

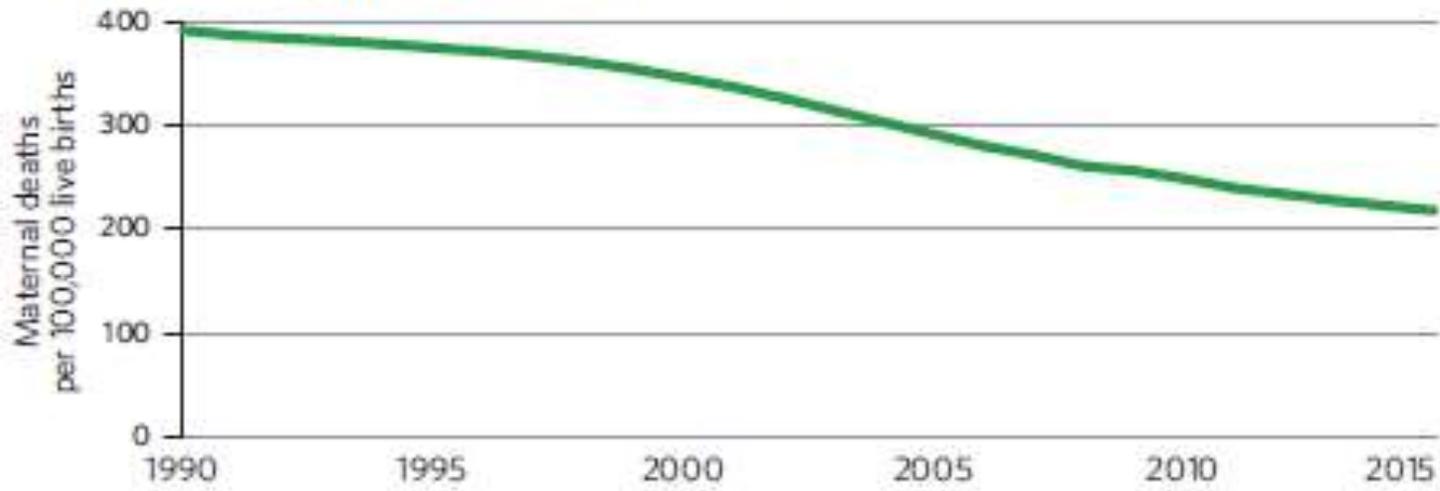
NB. Several health related targets are listed under other goals.

Goal #3 in the 2016 SDG Report

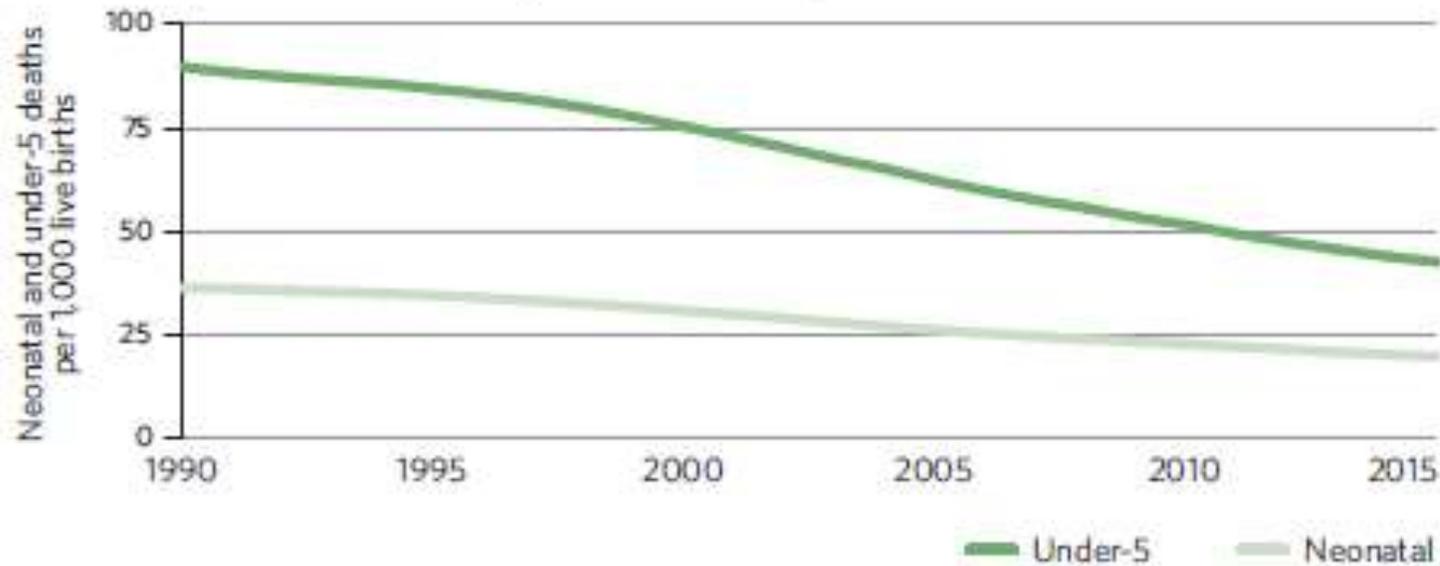
- Between 1990 and 2015, the global maternal mortality ratio declined by 44%, and the mortality rate of children under age 5 fell by more than half. Still, an estimated 5.9 million children under 5 died in 2015, mostly from preventable causes.
- The incidence of HIV, malaria and tuberculosis declined globally between 2000 and 2015. However, in 2015, 2.1 million people became newly infected with HIV, and an estimated 214 million people contracted malaria. Almost half the world's population is at risk of malaria, but sub-Saharan Africa accounted for 89% of all cases in 2015.
- Worldwide in 2015, approximately three in four women of reproductive age (15 to 49 years) who were married or in a union satisfied their need for family planning by using modern contraceptive methods.
- In 2012, almost two-thirds of deaths from non-communicable diseases in people under age 70 were attributed to cardiovascular diseases and cancer.



Maternal mortality ratio worldwide, 1990-2015

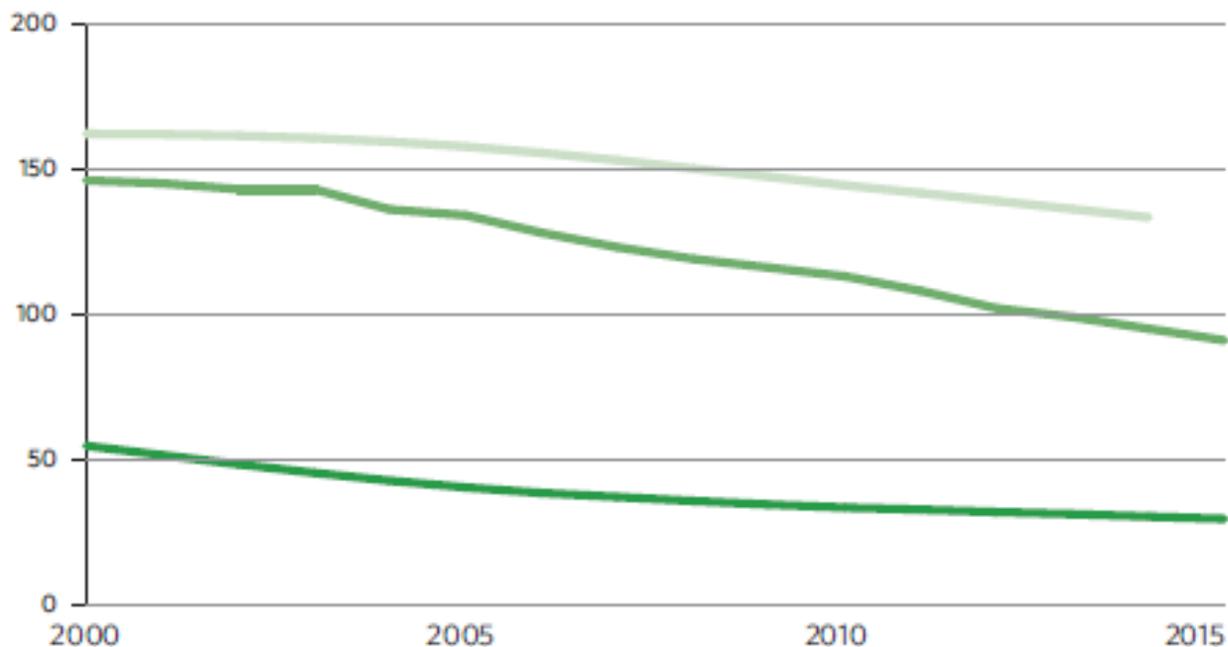


Neonatal and under-5 mortality rates worldwide, 1990-2015



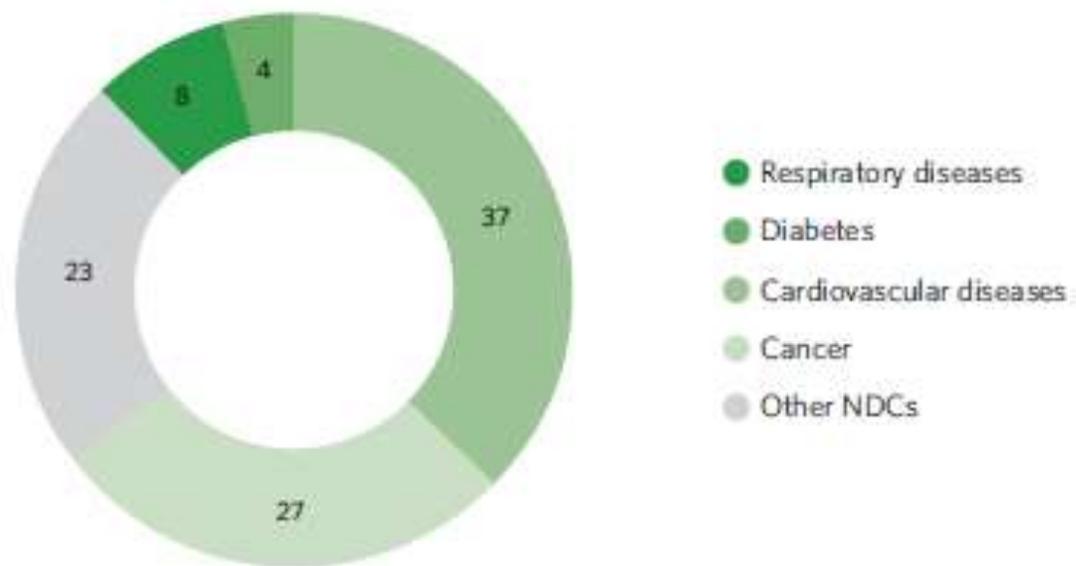
Source: SGD Report 2016

Global HIV, malaria and tuberculosis incidence rates, 2000-2015



- Tuberculosis (new cases per 100,000 people)
- Malaria (new cases per 1,000 people at risk)
- HIV (new cases per 100,000 uninfected people)

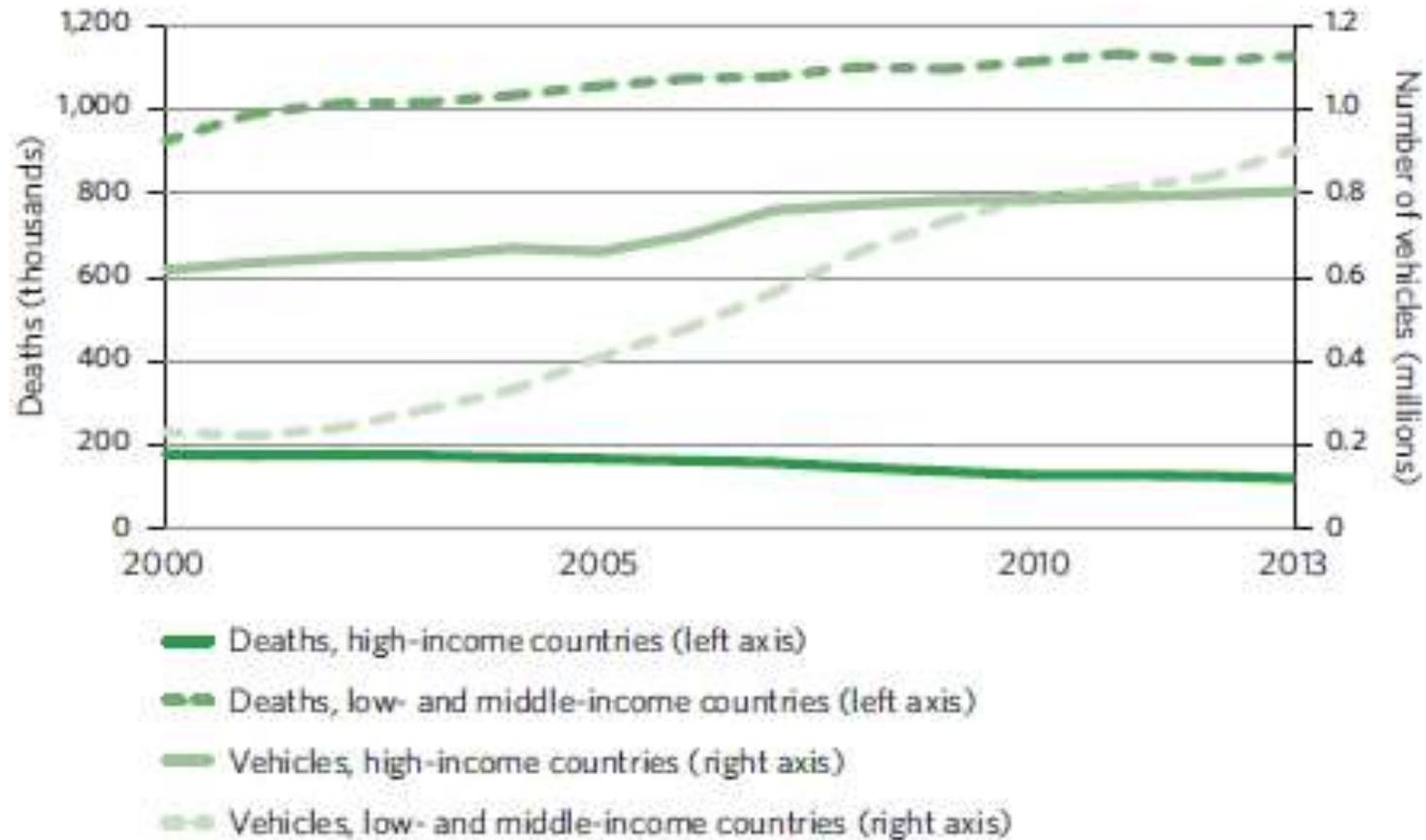
Share of premature deaths* due to non-communicable diseases by type, 2012 (percentage)



* Premature deaths refer to deaths in the population under age 70.
 Note: Because of rounding, percentages do not add up to 100.

Source: SGD Report 2016

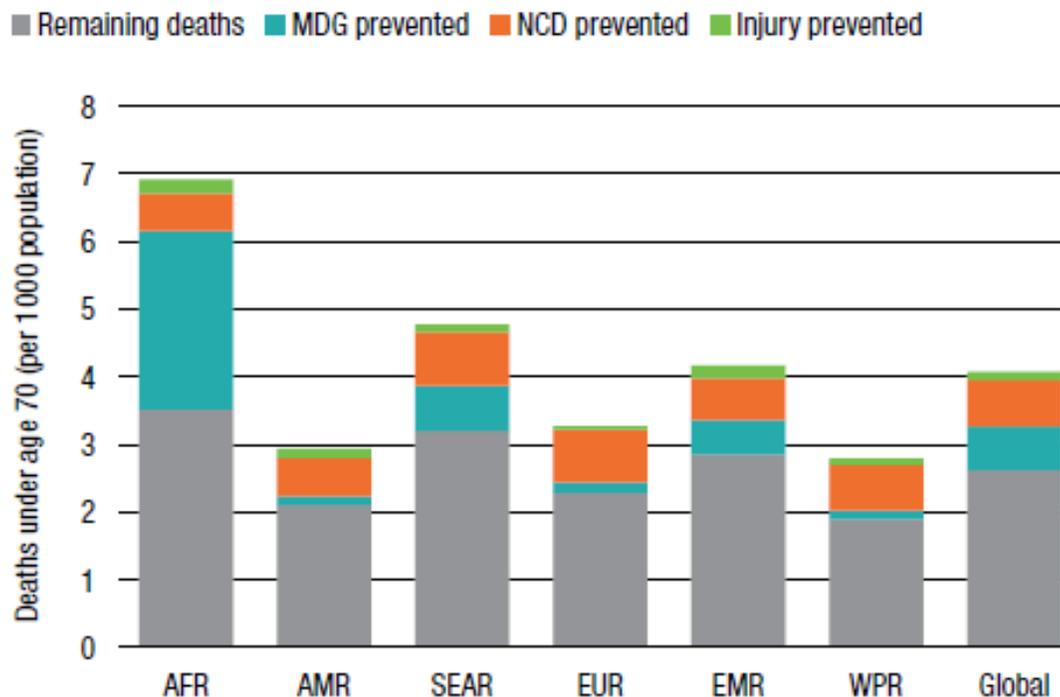
Number of road traffic deaths (thousands) and vehicles (millions) in high-, low- and middle-income countries, 2000-2013



Source: SGD Report 2016

WHO health Atlas comparing Americas and Africa

Figure 3.6
Regional and global premature deaths and deaths that would have been averted by achievement of SDG mortality targets, 2015



Challenges

- Complexity;
- Information availability;
- Data disaggregation;
- Costs;
- Data crunching capacity; and
- Methodologies not fully agreed upon.

Implementation risks

- Absence of coherence between policy and the SDGs;
- Lack of alignment between SDGs and domestic legal framework;
- Insufficient resource mobilization; and
- No political interest in monitoring the SDGs (congress, media, civil society)

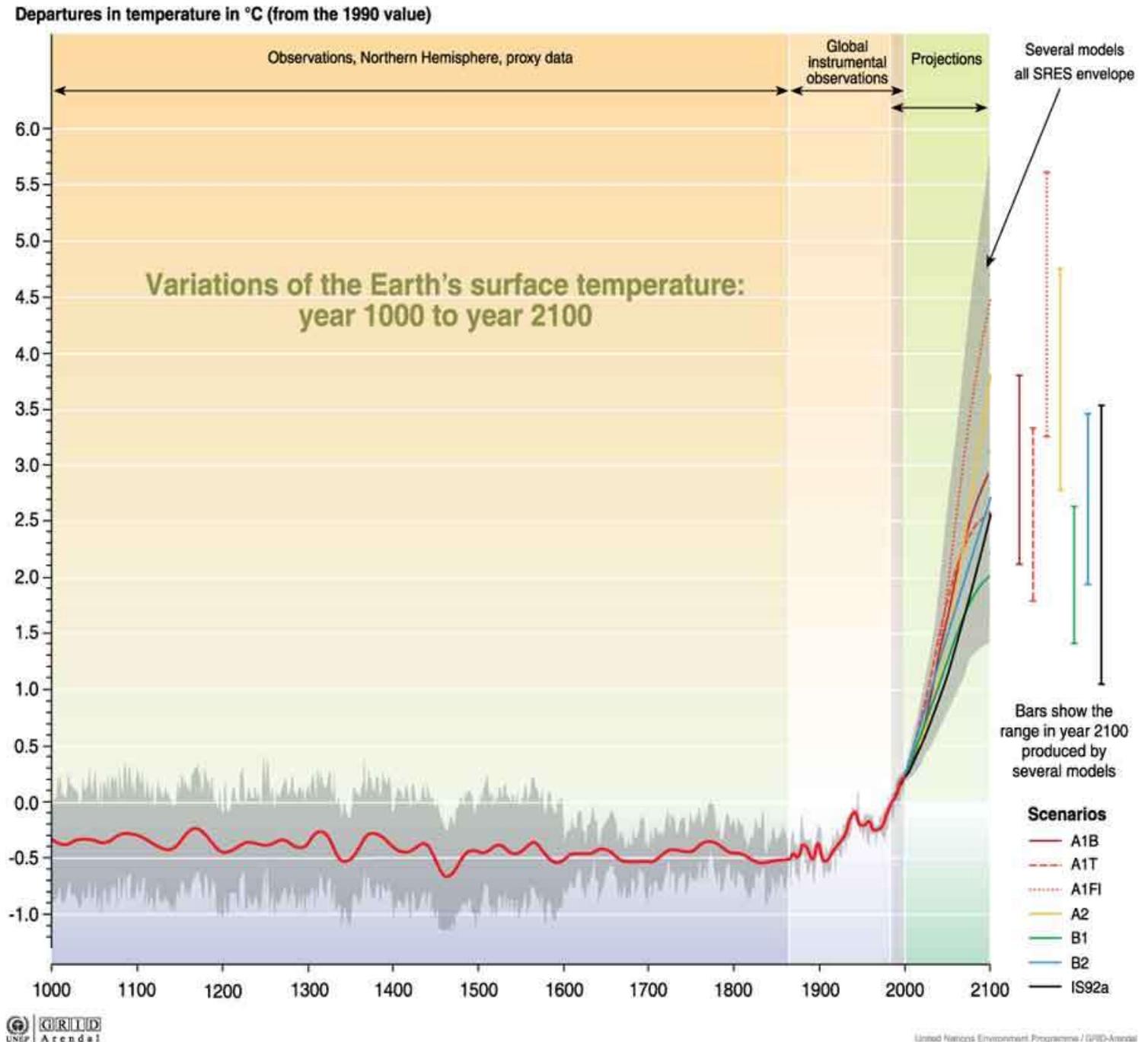
Implementation risks

- Lack of coordination and appropriation of the agenda in subnational levels;
- Low civil society engagement;
- Reduced coordination between donors and lack of “*accountability*”; and
- Technical limitations (data bases, etc.).

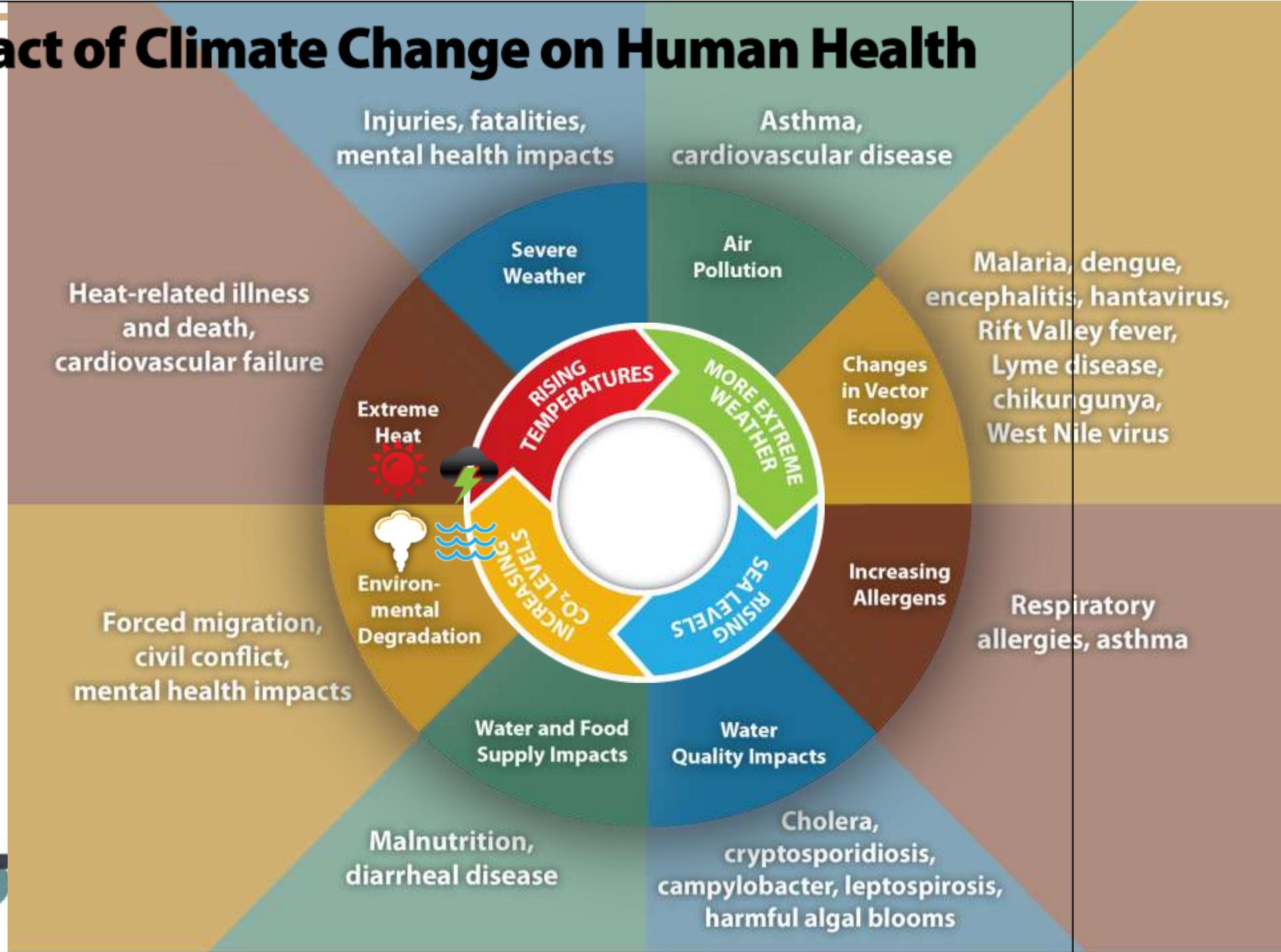
where the health sector makes a difference

- Understanding of the meaning of inequity;
- Inter-sectors coordination;
- Civil Society participation;
- Technical leadership in producing statistics based on administrative records;
- Engaging other areas into developing technical capacity;
- Experience gathered from the MDGs; and
- Information about people.

The Paris agreement entered into force on November 4th



Impact of Climate Change on Human Health





HIGH-LEVEL MEETING ON ANTIMICROBIAL RESISTANCE



21 SEPTEMBER 2016, UN HEADQUARTERS, NEW YORK

- *“Antimicrobial resistance threatens the achievement of the Sustainable Development Goals and requires a global response”*, Mr. Peter Thomson (President of the 71st session of the UN General Assembly)
- For the first time, Heads of State committed to taking a broad, coordinated approach to address the root causes of AMR across multiple sectors, especially human health, animal health and agriculture;
- This is only the fourth time a health issue has been taken up by the UN General Assembly (the others were HIV, non-communicable diseases, and Ebola).



HIGH-LEVEL MEETING ON ANTIMICROBIAL RESISTANCE



21 SEPTEMBER 2016, UN HEADQUARTERS, NEW YORK

Definitions:

- Develop national action plans on AMR;
- Strengthen regulation of antimicrobials, improve knowledge and awareness, and promote best practices;
- Use existing, cost-effective tools for preventing infections in humans and animals;
- Call for incentives for investment in research and development of new, effective and affordable medicines, rapid diagnostic tests, and other important therapies to replace those that are losing their power;
- Affordability and access to existing and new antibiotics, vaccines and other medical tools should be a global priority and should take into account the needs of all countries; and
- Coordinate their planning and actions and to report back to the UN General Assembly in September 2018.

UNDP and SDGs

- UNDP is known as the “SDG Accelerator” due to its role in facilitating countries’ access to knowledge, expertise, and resources to implement the SDGs;
- Work is based on UN Development Group’s common approach to SDG mainstreaming, acceleration, and policy support - known as MAPS - supporting countries to domesticate the 2030 Agenda, identify and address bottlenecks to progress, and access a wide range of policy expertise;
- Over the past year UNDP has led or co-led a number of UNDG efforts in support of implementation, follow up, and review of the 2030 Agenda, including through:
 - the production of a reference guide for UNCTs on mainstreaming the agenda;
 - organizing missions to countries (e.g. Cape Verde)
 - preparing guidelines for national reporting on SDG progress;
 - supporting programme countries undertaking voluntary national reviews presented at the High Level Political Forum;
 - establishing and hosting the UN SDG Action Campaign in Bonn with the support of the Government of Germany;
 - setting up a pooled fund to support UNCTs working together on SDG implementation; and
 - making tools which can accelerate SDG progress readily available on an online platform - this is due to be established by January next year.

UNDP Latin America

- Organized, jointly with ECLAC, the Eighth Ministerial Forum for Development in Latin America and the Caribbean, in Santo Domingo, last October.
- Between 2003 and 2013, more than 72 million people exited poverty, and close to 94 million joined the middle class (while 49% of the region's population experienced upward mobility close to 13% experienced downward mobility during the same period).
- The region registered important progress in the fields of gender equality, employment, and environmental sustainability.
- However, a number of countries in the region are facing the risk of having significant numbers of people falling back into poverty and exclusion. UNDP estimates that between 25 and 30 million people are at risk of relapsing into moderate poverty – either because of loss of employment or because of the impact of a natural disaster.
- In the lead up to the Forum, UNDP organized preparatory meetings in Bolivia and Guatemala for government officials from across the region.



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Director

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<i>Goals and targets (from the 2030 Agenda)</i>	<i>Indicators</i>
Goal 3. Ensure healthy lives and promote well-being for all at all ages	
3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	3.1.1 Maternal mortality ratio
	3.1.2 Proportion of births attended by skilled health personnel
3.2 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 1,000 live births	3.2.1 Under-five mortality rate
	3.2.2 Neonatal mortality rate
3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations
	3.3.2 Tuberculosis incidence per 1,000 population
	3.3.3 Malaria incidence per 1,000 population
	3.3.4 Hepatitis B incidence per 100,000 population
	3.3.5 Number of people requiring interventions against neglected tropical diseases
3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease
	3.4.2 Suicide mortality rate
3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	3.5.1 Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders
	3.5.2 Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol
3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents	3.6.1 Death rate due to road traffic injuries
3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods
	3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group
3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)
	3.8.2 Number of people covered by health insurance or a public health system per 1,000 population
3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination	3.9.1 Mortality rate attributed to household and ambient air pollution
	3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)
	3.9.3 Mortality rate attributed to unintentional poisoning
3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate	3.a.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older
3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all	3.b.1 Proportion of the population with access to affordable medicines and vaccines on a sustainable basis
	3.b.2 Total net official development assistance to medical research and basic health sectors
3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	3.c.1 Health worker density and distribution
3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness

29 COUNTRIES IN AFRICA HAD
**AVERAGE GDP PER CAPITA
GROWTH OF LESS THAN**

3% BETWEEN
2000 AND 2012



13%

AFRICA'S SHARE OF
WORLD POPULATION



1.6%

AFRICA'S SHARE OF
GLOBAL GDP



AFRICA'S SHARE OF
GLOBAL POVERTY



NUMBER OF
UNDERNOURISHED



OF CHILDREN UNDER 5
ARE STUNTED



AFRICA'S SHARE OF GLOBAL
CHILD MORTALITY



AFRICA'S GLOBAL SHARE OF
CHILDREN OUT OF SCHOOL



ENROLMENT IN
TERTIARY EDUCATION

Source: Africa Progress Panel



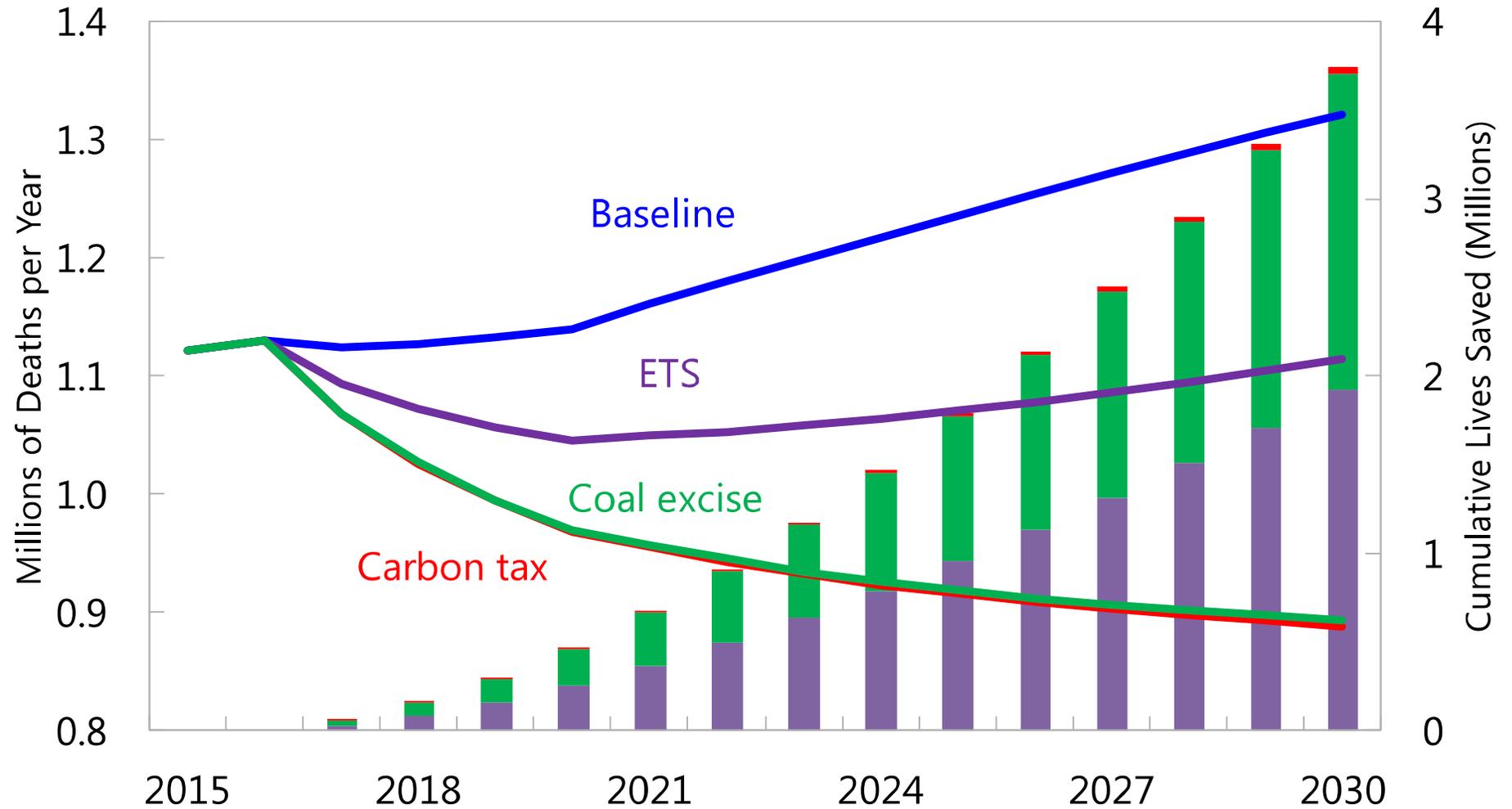
Map: All figures refer to Sub-Saharan Africa

Sources: ABS (2014), Statistical Data Portal; FAO, IFAD and WFP (2013), The State of Food Insecurity in the World; IOM (2013), CMI; The World Bank Group (2014), World Bank; UNESCO (2011/14), Education for All Global Monitoring Report

(d) Pollution-Related Premature Deaths: 2015-2030

(In millions of deaths, aggressive policy scenarios)

**Carbon
taxation
might
prevent 4
million
deaths in
China in 15
years**



Note: Columns indicate cumulative deaths prevented.

Summary of the availability and degree of disaggregation of country data on proposed health and selected health-related SDG indicators^a

Indicator topic		Country data availability	Disaggregation	Comparable estimates	Source estimates
3.1.1	Maternal mortality	Fair	Poor	Annual	UN MMEIG
3.1.2	Skilled birth attendance	Good	Fair	In preparation	UNICEF, WHO
3.2.1	Under-five mortality rate	Good	Fair	Annual	UN IGME
3.2.2	Neonatal mortality rate	Good	Fair	Annual	UN IGME
3.3.1	HIV incidence	Fair	Fair	Annual	UNAIDS, WHO
3.3.2	Tuberculosis incidence	Fair	Poor	Annual	WHO
3.3.3	Malaria incidence	Fair	Fair	Annual	WHO
3.3.4	Hepatitis B incidence	Poor	Poor	In preparation	WHO
3.3.5	People requiring interventions against NTDs	Good	Poor	Annual	WHO
3.4.1	Mortality due to NCDs	Fair	Poor	Every 2–3 years	WHO
3.4.2	Suicide mortality rate	Fair	Poor	Every 2–3 years	WHO
3.5.1	Treatment substance use disorders	Poor	Poor	Not available	UNODC, WHO
3.5.2	Harmful use of alcohol	Good	Fair	Annual	WHO
3.6.1	Road traffic injury deaths	Good	Poor	Every 2–3 years	WHO
3.7.1	Family planning	Fair	Fair	Annual	UN Population Division
3.7.2	Adolescent birth rate	Good	Fair	Annual	UN Population Division
3.8.1	Coverage index UHC	Fair	Poor	In preparation	WHO, World Bank
3.8.2	Financial protection	Poor	Poor	In preparation	WHO, World Bank
3.9.1	Mortality due to air pollution	Fair	Poor	Every 2–3 years	WHO
3.9.2	Mortality due to WASH	Fair	Poor	Every 2–3 years	WHO
3.9.3	Mortality due to unintentional poisoning	Fair	Poor	Every 2–3 years	WHO
3.a.1	Tobacco use	Good	Fair	Every 2–3 years	WHO
3.b.1	Access to medicines and vaccines	Poor	Poor	Not available	WHO
3.b.2	ODA for medical research	Good	Not applicable	In preparation	OECD, WHO
3.c.1	Health workers	Fair	Poor	Not available	WHO
3.d.1	IHR capacity and emergency preparedness	Good	Not applicable	Not applicable	WHO
2.2.1	Stunting among children	Good	Good	Annual	UNICEF, WHO, World Bank
2.2.2	Wasting and overweight among children	Fair	Fair	Annual	UNICEF, WHO, World Bank
6.1.1	Drinking-water services	Good	Good	Every 2–3 years	UNICEF, WHO
6.2.1	Sanitation services	Good	Good	Every 2–3 years	UNICEF, WHO
7.1.1	Clean household energy	Good	Good	Every 2–3 years	WHO
11.6.1	Air pollution	Good	Good	Annual	WHO
13.1.1	Mortality due to disasters	Good	Poor	Every 2–3 years	UNISDR, WHO
16.1.1	Homicide	Fair	Poor	Every 2–3 years	UNODC, WHO
16.1.2	Mortality due to conflicts	Fair	Poor	Every 2–3 years	OCHCR, WHO

Source: WHO World Health Statistics

^a Country data availability and disaggregation were assessed based on the data available to WHO or other international agencies producing estimates for global monitoring. An indicator is classified as having "good" data availability/ disaggregation if data were available for more than 75% of countries where the indicator is relevant (2010 or later); "fair" if data were available for 40–74% of countries; and "poor" if data were available for less than 40% of countries.

Fore more information and data

- http://www.who.int/gho/publications/world_health_statistics/2016/en/

