

지속가능발전목표: 서태평양 보건시스템의 영향

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Towards the Sustainable Development Goals: implications for health systems in the Western Pacific

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Adopted by the General Assembly of the United Nations in 2015, the Sustainable Development Goals (SDGs) build on the lessons learned from the Millennium Development Goals that had guided development efforts for the preceding 15 years. The World Health Organization (WHO) Western Pacific Region made remarkable progress towards the Millennium Development Goals, but also experienced some challenges and shortcomings. This paper argues that the SDGs incorporate these complexities and aim to capture the many ways in which equitable and robust development is shaped by factors which are linked to each other. The SDGs place greater emphasis on a broader range of determinants of health, including poverty reduction, education, and reducing inequality, thereby reflecting that health influences and is influenced by progress on all goals and targets. Drawing on recent World Health Organization frameworks, the paper suggests options for advancing the SDGs in the Western Pacific. It argues that universal health coverage is core to achieving the SDGs and enacting the principle of leaving no-one behind, and outlines new ways of working within and outside of the health sector as well as appropriate capabilities of the health sector to drive the agenda. The SDGs place renewed demands on Member States and their partners. The strengths of the SDG framework lie in the emphasis on collaboration and joint action to solve shared problems, on collective accountability and the public interest, on tackling the determinants of health, and notably on the primacy of reaching those left furthest behind.

Key Words: Sustainable Development Goals; Health systems; Health equity; Universal health coverage

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Introduction

The Sustainable Development Goals (SDGs), adopted by the General Assembly of the United Nations (UN) in 2015, aim “to ensure that all human beings can fulfil their potential in dignity and equality and in a healthy environment” [1].

Regional context

The Western Pacific Region, one of the six regions of the World Health Organization (WHO), is home to approximately 1.8 billion people—more than a quarter of the world’s population. It includes 37 countries and areas with extremely diverse social, economic, geographical, and cultural characteristics. The region includes some of the world’s least developed countries as well as rapidly emerging economies and some highly developed countries.

What were achievements and lessons learned from the Millennium Development Goals?

The 17 SDGs build on the lessons learned from the Millennium Development Goals (MDGs), which had guided development efforts for the preceding 15 years. Health was at the center of many of these efforts as the MDGs included several health goals such as those on reducing child mortality (MDG 4), improving maternal health (MDG 5), and combating human immunodeficiency virus/acquired immunodeficiency syndrome, malaria and other diseases (MDG 6). Health-related targets were also included in other goals, such as those for reducing malnutrition (MDG 1) and improving sustainable access to safe drinking water and basic sanitation (MDG 7). The MDGs were programmatic, indicator-driven and led by UN agencies. They were built on a hypothesis that poverty would be eradicated if interventions on priority issues could be scaled up.

The Western Pacific Region made remarkable progress towards the MDGs, achieving all but two

health-related targets and demonstrating significant progress towards achieving the two that were not met. Despite these achievements, some shortcomings and common challenges for many countries were observed. These included problems associated with limited regulatory frameworks (or poor implementation of frameworks), inefficient financing with inappropriate incentives, sustainability of programme funding, fragmentation of health programme development and delivery, a focus on hospitals at the expense of primary health care and private sector expansion. Economic volatility, emerging pandemics and natural disasters increasingly tested the ability of health systems to withstand shock. Changing epidemiological and demographic profiles posed new challenges to reorient service delivery models to respond to population ageing and non-communicable diseases.

Did everyone benefit equitably?

Notably, even where MDG targets were achieved, inequities continue to pose challenges to health and development [2]. For example, the majority of deaths in children under five years of age occur in the poorest households and children in these households are less likely to be fully immunized. Approximately nine hundred million people in Asia still live on less than 2 US dollars a day [3]. An estimated one third of people in the Lao People’s Democratic Republic and a fifth of those in the Philippines are living in poverty [4]. Out-of-pocket expenditure on healthcare makes up at least one third of the total health expenditure in some countries in the Region, including in Cambodia, the Philippines, Singapore and Viet Nam

[5]. Many of these inequities are exacerbated through intersections between them. For example, gender inequalities often result in lower school enrolment rates for girls than boys and poorer health outcomes [6]. Older age groups have higher levels of illiteracy, and across the Region older men have higher literacy rates than older women, with low- and middle-income countries showing the widest gender gaps [7]. As women live longer than men, they are more likely to face poverty and deprivation in old age, exacerbated by lower rates of education, employment and well-being over the course of their lives. Chronic rural-urban inequities persist in the Western Pacific Region, for instance, in access to safe drinking water and sanitation [8].

How do the SDGs capture the complexity of today's health and development challenges?

The SDGs incorporate these complexities and aim to capture the many ways in which equitable and robust development is shaped by factors which are linked to each other. Ensuring healthy lives and promoting well-being for all at all ages is the subject of SDG 3. This goal includes nine targets and four means of implementation, including universal health coverage (UHC). SDG 3 incorporates some unfinished agendas from the MDGs (including targets on maternal and child mortality and communicable diseases) and some new or previously neglected agendas (targets on non-communicable diseases, mental health and UHC). Crucially, health in the SDGs goes beyond SDG 3. Several health-related targets can be found in other goals, for example

nutrition in SDG 2, violence against women in SDG 5 and birth registration in SDG 16. The SDGs also place greater emphasis on a broader range of determinants of health, including poverty reduction, education, and reducing inequality), thereby reflecting that health influences and is influenced by progress on all goals and targets.

The SDGs, unlike the MDGs, are applicable to all countries. This acknowledges that many of today's trends, such as international trade, globalization and migration go beyond traditional borders and shape health development in all nations. At the same time, actions in specific countries, such as those effecting the environment, may impact on other countries. For example, when Beijing's air is polluted, people in the Republic of Korea and Japan may be affected and the haze produced in Indonesia drifts across South-East Asia. The SDGs emphasize this interconnectedness of national and international actions. They also highlight that achieving a world where no-one is left behind is a challenge for all countries, regardless of income status. For example, in New Zealand life expectancy among non-Māori people is higher than Māori and Pacific Islander populations [9]. In Australia, life expectancy varies by sex, ethnicity, and Indigeneity, with Aboriginal and Torres Strait Islander peoples generally being worse off than non-Indigenous Australians [10].

How can countries advance the SDGs in the Western Pacific?

The challenge for governments in pursuing the inclusive and sustainable economic, social, environmental and political development envisaged in the

SDGs, will be to develop new and innovative ways of working that enables collaboration across sectors (for example, through whole-of-government approaches) and engagement with multiple stakeholders to mobilise whole-of-society responses. For the health sector this more holistic, whole-of-systems approach provides an opportunity for engagement with other sectors to inform, influence and institutionalise action related to health and its determinants and the equitable distribution of these.

Given the large number of goals (17) and targets (169), implementation of the SDGs will no doubt bring further challenges. Each country will have its own development pathway that is specific to its context and priorities. Countries will need to assess: how the SDGs relate to their vision for development; how health is understood; how might health development be approached, and linked to other SDGs; what would a whole-of-government and whole-of-society approach look like; and what policy and programme mix will ensure no one is left behind?

What is the WHO Regional Office for the Western Pacific doing to support this?

To support countries in the Western Pacific Region to move towards the vision embedded in the SDGs the WHO Regional Office developed a regional action agenda to guide Member States as they review and renew their national plans and priorities [2]. This *Regional Action Agenda on Achieving the Sustainable Development Goals in the Western Pacific* builds on and aligns with existing global and regional strategies, World Health Assembly and Regional Committee resolutions and

broader UN mandates and guidance on the SDGs. It was endorsed by the 67th session of the WHO Regional Committee for the Western Pacific. The *Action Agenda* encourages broader thinking about the complex matrix of factors that shape health in different environments, and suggests options for Member States to consider in making the transition from the MDGs to the SDGs based on country-specific contexts, resources and entry points (Table 1 for more details on the guiding questions and action domains in the Action Agenda [2]). The resource suggests ways countries can identify and respond to the most pressing needs of communities in order to ensure no one is left behind by addressing those economic, environmental, political and social factors that perpetuate illness and which exclude and disadvantage some population groups.

How can UHC help to advance the SDGs?

Core to achieving the SDGs and enacting the principle of leaving no-one behind is UHC, which means that systems and services need to be developed to ensure all people and communities have access to quality health services without suffering the financial hardship associated with paying for care. To guide Member States on this journey, the 66th session of the WHO Regional Committee for the Western Pacific adopted the regional action framework—*Universal health coverage: moving towards better health* in October 2015 [5]. The framework underlines that health systems need to be of good quality, efficient, equitable, accountable and resilient (Table 2 for a summary of the key health system attributes and action domains for

Table 1. Overview of guiding questions, action domains, and suggested actions

Guiding questions, action domains, and suggested actions
1. What are countries aiming to achieve, and how will they know?
1.1 Country-led selection of health goals, targets and indicators
a) Review and revise country-based monitoring frameworks to advance universal health coverage and action on health in the Sustainable Development Goals
b) Ensure indicators are fit for purpose
c) Make the best use of existing data collections
1.2 Robust monitoring and review process
a) Conduct equity-focused national- and local-level reviews
b) Use evidence to inform policy development and evaluation
1.3 Adequate information capacity
a) Strengthen links between information systems within and beyond the health sector
b) Build capacity to gather and use information strategically
c) Standardize information and harness communication technologies
2. What are the policy and programme priorities for leaving no one behind?
2.1 Equity in health services
a) Minimize access barriers
b) Collaborate across health programmes on shared social determinants
2.2 Realizing win-wins through collaboration across sectors
a) Stimulate social development
b) Promote healthy urbanization
c) Protect the health of the environment
2.3 Financing strategies for promoting equity
a) Strengthen public financing for health and social equity
b) Improve access to social protection
3. How will countries put their priorities into effect?
3.1 Collaboration across government
a) Create enabling conditions for intersectoral action
b) Structure institutional arrangements to support intersectoral action
c) Embed measures of health equity within planning and reporting across sectors
d) Shape international relations to enable action on health
3.2 Engagement of stakeholders beyond government
a) Sustain constructive engagement with stakeholders beyond government
b) Strengthen partnerships for programme and service delivery
c) Build advocacy coalitions for action on the social determinants of health
3.3 Participation of affected communities
a) Include affected communities in policy consultations
b) Empower affected communities to participate
4. How can the health sector drive the agenda?
4.1 Capabilities for knowledge exchange
a) Build the knowledge base on the social determinants of health
b) Understand the priorities and processes of other sectors
c) Understand perspectives and needs of communities
4.2 Leadership skills to navigate the policy system
a) Strengthen the capability to engage other sectors in policy-making
b) Strengthen the capability to mobilize political and financial support
c) Strengthen the capability to use policy levers effectively
4.3 Institutional capacity for present and future challenges
a) Raise the priority of health in the national development agenda
b) Establish rules and incentives for improving performance and sustaining progress
c) Train the health workforce to be facilitators and champions for health equity

Reproduced from World Health Organization Regional Office for the Western Pacific. Regional action agenda on achieving the Sustainable Development Goals in the Western Pacific. Manila: World Health Organization Regional Office for the Western Pacific; 2017 [2].

UHC [5]). UHC places the emphasis firmly on a whole-of-system approach to improving health sector performance and sustaining health gains. Such an approach creates a platform that can bring health and development efforts together and provide a mechanism for integrating programme specific efforts into the broader health system. There is no one-size-fits-all formula to achieving UHC, as health systems necessarily reflect their social, economic and political contexts, as well as historical decisions about national priorities. UHC centers attention on people and communities, calling for health systems to strengthen their responsiveness to the needs of diverse population groups, including those currently left behind. Without UHC, health gains in vertical programmes are unlikely to be sustained and the SDGs will not be reached.

What implications do the SDGs have for ways of working?

UHC and the SDGs have important implications for health and development. They represent a call for transformation—for a new way

Table 2. Attributes and action domains required to move towards UHC

Health system attributes	Action domains for UHC
Quality	1.1 Regulations and regulatory environment
	1.2 Effective, responsive individual and population-based services
	1.3 Individual, family and community engagement
Efficiency	2.1 Health system architecture to meet population needs
	2.2 Incentives for appropriate provision and use of services
	2.3 Managerial efficiency and effectiveness
Equity	3.1 Financial protection
	3.2 Service coverage and access
	3.3 Non-discrimination
Accountability	4.1 Government leadership and rule of law for health
	4.2 Partnerships for public policy
	4.3 Transparent monitoring and evaluation
Sustainability and resilience	5.1 Public health preparedness
	5.2 Community capacity
	5.3 Health system adaptability and sustainability

Reproduced from World Health Organization Regional Office for the Western Pacific. Universal health coverage: moving towards better health. Manila: World Health Organization Regional Office for the Western Pacific; 2016 [5]. UHC, universal health coverage.

of working within and outside of the health sector. To lead policy and action on the health-related SDGs across sectors, the health sector will need to not only continue to develop its existing skills so that health planning and service delivery incorporates a systems focus, but also expand its capabilities to inform, influence and institutionalize change across sectors. Such capabilities will include the ability to understand and position health within the broader framework of its social determinants and to influence the complex process of policy-making in multiple arenas. Further, skills enabling identification and analysis of the causes of inequitable health care (including issues associated with quality, access, efficiency, effectiveness and cost) and health outcomes and the capacity to facilitate development and implementation of appropriate responses will be required. Improved methods for engaging individuals, communities and populations in priority setting and strategy development at multiple levels will be

critical to this effort. Developing these new approaches will require investing in new partnerships and methods for producing and using evidence, including through interdisciplinary, end-user driven research, innovative implementation and action research and stronger emphasis on knowledge brokerage and translation. Growing fields of research such as big data, behavioral economics, neuroscience and cognitive science, political and economic anthropology and longitudinal tracking or panel studies may provide opportunities

to strengthen knowledge pertinent to achieving the SDGs but will require capabilities within sectors to exploit these knowledges or work collaboratively with those who can.

How can the health sector drive the agenda?

The Western Pacific Region has made progress in embedding health in the policies of other sectors, although health-related entry points are not always easy to identify. Lessons from these experiences can be adapted and expanded to address the SDGs. At the same time, the health sector will need to build up skills in advocacy, negotiations, and coordination across sectors so that it can advance partnerships on mutually beneficial policies and actions. The SDGs also challenge the health sector to engage and work with a broader range of stakeholders, including

parliamentary bodies, the judiciary, local government, community and religious leaders, civil society, development partners, and affected communities on shared priorities and problems.

While individual champions can make a key difference, institutional mechanisms and processes are needed to back change and sustain progress in advancing the SDGs. This draws attention to using policy levers effectively, such as financing for allocative and technical efficiency, and risk and performance based regulation. Population-level interventions are needed to facilitate planning and implementation to scale, based on fine-grained analysis of group differences and preventable conditions in health systems. At the same time, empowering patients, families, and communities to take control over their health and risks is critical to progress.

Conclusion

In conclusion, the SDGs place renewed demands on Member States and on the WHO in the Western Pacific Region. Future priorities for the Region include the development of equity-focused service delivery models, promoting health in all policies approaches, developing partnerships with new stakeholders, and strengthening monitoring and evaluation of both UHC and progress towards the SDGs. The SDGs present a detailed, comprehensive and complex blueprint that will challenge all involved in their translation and implementation in different contexts. The strengths of the SDG framework lie in the emphasis on collaboration and joint action to solve shared problems, on collective accountability and the public

interest, on tackling the determinants of health, and notably on the primacy of reaching those left furthest behind.

찾아보기말: 지속가능발전목표; 보건시스템; 건강자산; 보편적 의료보장

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Peer Reviewers' Commentary

세계보건기구는 회원국들의 SDGs의 이행 상황을 점검, 평가 및 지원하는 책임을 갖고 있다. 우리나라는 세계보건기구 서태평양지역사무소 지역 국가이며 매년 우리나라 SDGs 이행상황을 세계보건기구에 제출하여야 한다. 2016년에 서태평양 세계보건기구 지역사무소가 SDGs 이행에 관한 국가별 권고 사항을 발표한 바가 있는데, 우리나라의 경우 보건의료체계 강화와 보건의료 핵심 이해관계자 즉 의료제공자와의 소통과 참여 강화를 제시한 바가 있다. 본 논문 역시 SDGs의 효과적이고 성공적인 이행을 위하여 다양한 전략과 방향을 제안하고 있어 향후 전세계적인 SDGs의 전개 방향을 가늠해 볼수 있는 유용한 연구이다. 특히 SDGs 실현을 위한 새로운 접근은 새로운 파트너쉽 구축과 다학제간 혁신 연구에 기초한 적용가능한 근거에 바탕을 두어 추진하여야만 한다는 결론은 우리나라 의료계에 매우 시사하는 바가 크다. 즉 향후 의료계가 우리나라 SDGs 이행의 핵심 파트너가 되어야 할 뿐만 아니라 관련 연구를 주도하여야 한다는 것을 의미한다고 할 수 있다.

[정리: 편집위원회]