



ACHIEVING SUSTAINABLE DEVELOPMENT GOALS: THE UN's INFLUENCE ON HEALTHCARE POLICIES

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Abstract: The United Nations play an important role in the field of healthcare. Especially, when it comes to the international healthcare policies and standards, the organization is the first to implement them. Differential access to basic commodities and services (such as food, health, education, land and resources, information, birth registration, and justice, all of which are recognised as rights) and political power are two ways that inequality shows up. This perpetuates and aggravates inequality. In this article SDG – Sustainable Development Goals of UN and its significance are broadly discussed.

Key words: SDG, healthcare policies, climate agendas, development, WHO, social justice and etc.

Introduction. The SDGs constitute a potentially revolutionary development agenda, much like the Millennium Development Goals (MDGs) did before them. The SDGs are a continuation of the MDGs¹, but they are larger and link the development, sustainability, and climate change agendas. They also place a greater emphasis on inclusion and eliminating inequality. We contend that, within an evidence-based conceptual framework, health equity offers a cross-cutting subject that would assist nations in formulating cogent policies

¹ United Nations. World We Want Web Platform. 2015. Available at: <http://www.worldwewant2030.org/>. Accessed 9 November 2017.



spanning the SDGs' target areas and sectoral targets. The scientific community is essential in facilitating this. The ultimate goal of the SDGs—leaving no one behind—and the implied moral imperative of social justice are in line with health equity.

Methodology. Health equity, as described by the WHO Commission on Social Determinants of Health (CSDH), is the absence of inequalities in health that are avoidable by reasonable means. Health is universally valued, and health for all is a societal goal justifiable on moral grounds. Treaty bodies have already begun to make reference to pertinent SDGs and targets in their constructive dialogues with States. These include asking specific questions about the SDGs² to States before their treaty report is reviewed, bringing up the SDGs in the constructive dialogue with States, and recommending to States in the concluding observations that connect the implementation of specific treaty provisions with the SDGs and targets. Additionally, the Universal Human Rights Index's³ search feature is being enhanced to enable the search of treaty body data related to the SDGs' national implementation. This will be especially beneficial in locating and evaluating treaty-related data on SDG implementation and help in supplying pertinent data to the High Level Political Forum to support its

In a similar vein, OHCHR field offices assist States parties in coordinating the SDGs' implementation and national development plans' creation with their treaty-related duties and reporting. In addition to implementing the SDGs in accordance with human rights, the goal is to facilitate the use of treaty reporting to monitor the accomplishment of SDG and national development plan goals. Lastly, in order to aid the reader in understanding the connections between the objectives, targets, and human rights, OHCHR has created a table

² Dernbach, John C. (2003) "Achieving Sustainable Development: The Centrality and Multiple Facets of Integrated Decisionmaking," Indiana Journal of Global Legal Studies: Vol. 10, Iss. 1, Article 10. <http://www.repository.law.indiana.edu/ijgls/vol10/iss1/10>



that provides instances of treaty provisions pertaining to each of the 17 objectives. This paper now includes the table at the end.

Results. Addressing the social determinants of health is necessary to achieve health equity. The social determinants of health encompass a range of factors such as wealth and income, food and nutrition, education and lifelong learning, water and sanitation, fair and decent labor, health care, and elements of the natural and built environments. As a result, the social determinants of health, as defined by the CSDH, and the SDGs have a lot in common. While implementing the SDGs is expected to have a direct or indirect impact on health and health equity, the implications on SDH inequities must be evaluated and tracked. In order to achieve the SDGs, action must be implemented across conventional silos. We must also consider how one goal area's actions affect the other areas and how to optimize cobenefits.

This will entail figuring out how to collaborate across sectors (intersectoral action), such as when a government agency works with other sectors to achieve a clearly defined goal, and making sure that actions taken in one area don't negatively impact those in other sectors. This will facilitate a faster pace of SDG progress. As another illustration, the transport department and the health department must agree on the measurements if a city council decides to implement steps to lessen air pollution caused by traffic. This is because there may be health benefits in addition to benefits to the environment, the economy, and equity, since the most vulnerable and impoverished people frequently reside in locations with greater air pollution levels and are therefore more at risk. However, such co-benefits cannot be assumed; much depends on what, how, where, and when measures are implemented. In this context, the United Nations Development Programme (UNDP) is actively responding to the interconnectedness of health and development, the need for



joining up the SDGs, and the potential for optimizing the co-benefits for health and development⁴.

Discussion. In order to facilitate the systematic integration of a social, economic, and environmental determinants of health and health equity approach into country-level development planning, UNDP is working with the World Health Organization and the Institute of Health Equity at University College London to develop a methodology and tools. Several environmental development projects in Belarus are presently using the technique as part of a pilot program. The strategy's long-term goal is to optimize cross-sector synergies in order to lessen inequality and enhance health and its determinants. Although the 169 SDG targets offer an exciting vision of the world to come, it is difficult to gauge progress toward them. There are 231 indicators, which should be disaggregated where relevant by income, sex, age, race, ethnicity, migratory status, disability, and geographic location or other characteristics. What's more, countries agreed to report regularly on progress to the UN, yet countries' ability to do this across the range of indicators is highly variable.

It is possible that heads of national statistical offices in countries around the world are reaching for their worry beads. These are the people responsible for gathering data to enable annual reporting on progress toward the SDGs. Yet many countries, especially the least developed in economic terms, have insufficiently developed data systems to report on many of the proposed indicators, and especially to disaggregate data as required by the focus on social inclusion and reducing inequality. An analysis by the UN Statistical Commission finds that even collecting the basic national indicators may be difficult for countries, let alone distributional information.⁴ This is a reflection of the information paradox—those countries which have the greatest need are the least able to collect information.

⁴ Global Burden of Disease 2015 Sustainable Development Goal Collaborators. Measuring the health-related Sustainable Development Goals in 188 countries: a baseline analysis from the Global Burden of Disease Study 2015. Lancet. 2016;388:1813–1850.



Indices used to derive country rankings and for monitoring progress are very good for galvanizing policy makers, either to take the praise for improvements or to develop policies and interventions to tackle areas where improvements are needed. The downside is that health outcomes and health determinants that are not reported in influential indices such as this will lose out. Now, more than ever, an integrated approach incorporating the social determinants of health is needed. For this, though, disaggregated data are essential to enable analysis and understanding of the underlying issues of inequality. Countries need information about within country social, economic, environmental, and political inequalities and health inequities, because to improve overall population health and health equity, it is necessary to tackle social, economic, and environmental inequalities.

Conclusion. The Global Burden of Disease study compiled scores from each of the 33 SDG indicators into a composite SDG index, where the maximum value is 100.6 Iceland came top of the 188 country ranking with an average score across the 33 indicators of 85 while the Central African Republic came bottom with 20. The United States came 28th, adding to the evidence that the United States needs to do more to improve health—especially, based on these findings, to tackle maternal mortality, childhood overweight, alcohol consumption, and mortality due to interpersonal violence, self-harm, and unintentional poisoning. While the United Kingdom came fifth in the rankings, the table of indicators by country reveals needed improvements in certain areas, including maternal mortality, overweight, suicide, and smoking.⁶ We point out that addressing the complexity of social determinants of health outcomes requires research to establish, collect, and analyze the metrics for comparison and action within each country context, as well as research on health sector responses.



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