

Seminar

2019

Health and Sustainable Development Goals:
Challenges for a decade – **Summary Report**



FICHA TÉCNICA

Portugal. Ministério da Saúde. Direção-Geral da Saúde.

Seminar “Health and Sustainable Development Goals: Challenges for a decade”

Summary Report

Lisboa: Direção-Geral da Saúde, 2020.

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Lisboa, Setembro, 2020

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The Seminar “Health and SDGs: Challenges for a decade” launched the build up process of the **National Health Plan 2021-2030** with the main stakeholders.



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INTRODUCTION

The seminar “Health and Sustainable Development Goals: Challenges for a Decade” was held on October 9, 2019, at the Calouste Gulbenkian Foundation, in Lisbon, organized by the Directorate-General for Health, which was attended in person by more than 200 participants, as well as many streaming accesses across the country.

In 2021, a new population-based Strategic Health Planning cycle will begin in Portugal, with the National Health Plan 2021 - 2030, which will align with the 2030 Agenda for Sustainable Development. In this way, it is intended to ensure a structure to face the challenges of the next decade that still persist in our country, such as demographic changes and migrations, poverty, inequalities, growing inequities and environmental degradation, added to the consequences of the current pandemic crisis.

Since Health is determined and a determinant of Sustainable Development, it becomes necessary to address, in a balanced and integrated way, the 17 Sustainable Development Goals (SDGs), in order to be able to achieve the best possible health and well-being for our population. The current context of the COVID-19 pandemic and its multiple consequences makes the theme of this Seminar even more important and actual, and so the Summary Report of its main conclusions is presented in this document.

The Summary Report was based upon the extensive reports written by the two rapporteurs of the Seminar.¹

¹ A more complete version of the Seminar’s Report as well as the ppt and video recording of the presentations can be assessed here <https://www.dgs.pt/em-destaque/seminario-saude-e-objetivos-de-desenvolvimento-sustentavel-desafios-para-uma-decada2.aspx>

I - It is not possible to achieve health without intersectoral cooperation

Inaugural Conference

“SDGs and Europe”: Bettina Menne | Coordinator, Sustainable Development and Health (SDG) - WHO Regional Office for Europe

Health is central to sustainable development, and SDG # 3 includes thirteen specific health objectives; however, in the remaining SDGs we can find more than thirty objectives that contribute to improving the health of our populations.

For sustainable development to occur, it is necessary to put on the agenda four main activities in the reviews of national health policies (E4A - Engage the 4 A's: assess, align, accelerate, account), and systematically involve stakeholders in all sectors, in and out of health, and at all levels, from young people to politicians.

E4A:

1. Assess: where are we?

Two components:

- a) Diagnosis: what is the sustainable development index that the country has at this moment?
- b) Analysis: what is the level of alignment of health strategies / plans with the SDGs?

2. Align: where do we want to be in 2030?

Promote the harmonization of policies and processes within and across sectors.

3. Accelerate: how can we accelerate progress?

Identify / develop policies and / or programs that can catalytically trigger multiplicative positive effects throughout the SDGs and their goals.

4. Account: how can we best measure progress?

Through formal processes (social contracts with health) and informal processes (for example, collaboration with the Academy).

II - It is not possible to achieve health and sustainable development without an integrated approach

Painel 1

“Health and the SDGs: an integrated approach”

Moderador: **Fátima Quitério** | Diretora Executiva do Plano Nacional de Saúde

Ana Raquel Nunes | Warwick Medical School, University of Warwick, UK

Paula Santana | Departamento de Geografia e Turismo da Faculdade de Letras da Universidade de Coimbra;

Pedro Matos Soares | Instituto D. Luís, Faculdade de Ciências da Universidade de Lisboa;

Alexandra Lopes | Departamento de Sociologia da Faculdade de Letras da Universidade do Porto;

Julian Perelman | Centro de Investigação em Saúde Pública, Escola Nacional de Saúde Pública da Universidade Nova de Lisboa.

Research has made important contributions to the development, implementation and monitoring of **an integrated SDG model**, identifying synergies between health and well-being, and other SDGs. Once synergies are identified, the interdependencies, strategies and measures to be adopted are identified, with the effective inclusion and participation of the health and non-health sectors.

The **European Euro-Healthy study** helps to prioritize public policies with the greatest potential to promote equity in health.

The **Population Health Index**, allows to assess the health of the population in different territories; multidimensional and transdisciplinary, it allows comparisons across the European space, contributing to the evidence base to support political and intersectoral decision making.

Platform <https://healthyregionseurope.uc.pt>

Climate change is one of the biggest challenges facing humanity, and Portugal is one of the areas of the world considered most vulnerable. We are currently out of Earth's

“normal” climatic variability, in an unprecedented period of warming and with clear signs of entering a different climate. We also have more and more extreme events, which led to the displacement by catastrophes, in 2015, of 19.2 million people.

Regional models (RCM nesting) with **some forecasts for Portugal:**

- Temperature: rise of the minimum values;
- Extreme temperatures: projected 6 to 7 heat waves / year, for the interior of Portugal, with an average duration of 18 days, and above 20 days in the northeast;
- Precipitation: Autumn with losses above 20%;
- Higher fire risks;
- Air pollution, water pollution;
- Extreme phenomena (associated with storms): large increases, namely, 60% in the south
- Average sea level: big risks for Aveiro and Lisbon

Health impact of climate change: respiratory syndromes; outbreaks of waterborne diseases; difficulty in transporting patients; impact on housing; mortality; mental disease; vector diseases; air quality; cardiovascular diseases; allergies.

Impact of climate change on food security: environmental degradation, large displacement of people and conflicts.

The socioeconomic gradient in the distribution of health and disease has been widely studied for decades; integrated multidimensional and multisectoral approaches are necessary to obtain health gains, evidence that we have known for some time. So why are we still unable to change the paradigm? We need to understand the reason for the apparent systematic failure in the area of social gradients and health. **Human behavior is socially localized and develops within social structures that are beyond the individual**, but then these social structures are not taken into account, because it is believed that the individual will change his behavior, if given enough information.

Having an universal National Health Service that tends to be free, how is it that social inequalities in health still persist? **Which policies are most effective in reducing health inequalities?** (“The health impact pyramid”) Policies related to socio-economic factors, which

affect the context globally (examples: salt reduction policy; taxation of sugary drinks; denormalization of smoking - increase in the price of tobacco; prohibition on smoking indoors, food labeling). **Macro interventions (changing the context) are more cost-effective than individual interventions**, but investment in individual interventions continues. There is, therefore, **a problem of resource allocation, and not just a health problem.**

III - Achieving the SDGs, bringing Humanity closer

Panel 2:

“SDGs and the Global World”

Moderator: **Ana Correia** – Direção Geral da Saúde, Divisão de Cooperação

Isabel Craveiro | Instituto de Higiene e Medicina Tropical

Gonçalo Motta | Instituto Camões

João de Almeida Pedro | Fundação Calouste Gulbenkian

Mário Parra da Silva | *Chair of the Board - Global Compact Network Portugal*

The **concept of Global Health** encompasses health issues that transcend national borders and governments, requiring actions by global forces that determine people's health. It is also an area of study, research and practice, to improve health and promote equity in health.

To solve global problems, we have to **change the allocation of resources**, never forgetting **sustainability**.

To **achieve change, in terms of Global Health**, it is necessary to:

1. Lead and manage health systems;
2. Build networks of health human resources, in sufficient numbers, with sufficient skills;
3. Generate the knowledge necessary to improve global health;
4. Understand what mechanisms are being used in the translation of knowledge;
5. Improve people's lives with evidence-based solutions;
6. Reduce inequalities in a sustainable manner.

The big difference of **the SDG 2030 Agenda** is that it **implies a combination of efforts by a multiplicity of stakeholders**. With regard to Portugal, in 2016: interministerial coordination measures were adopted; an assignment grid was created – a coordinating ministry for each SDG; work with civil society, other ministries and the administration; elaboration of the National Voluntary Report, considered the tool to support the implementation of the 2030 Agenda, with an analysis of national and community policy, in the light of the goals of the SDGs. Portugal occupies the 31st position in the ranking of the implementation of the Agenda (of 156 countries) - the only "green" SDG is SDG7 (energy),

although SDG6 (water) is "almost green". The Political Declaration adopted after the SDG Summit includes more than 100 actions to accelerate the implementation of the 2030 Agenda. **The essential thing is to incorporate the SDGs into one's life and establish partnerships**, whether with the co-worker, with an institution or with the community.

The philanthropic sector is made up of foundations, in which the source of the money is private, but used for the public interest. However, accountability is low. Foundations are local, but they have global concerns. **It will not be possible to achieve the SDGs without bringing humanity together**, stopping to separate the different countries through categories such as "rich and poor" or "north and south". Philanthropy is committed, globally, as a partner, financier and creator of data structures. EEA Grants (consortium led by Norway) are the 1st financier of the SDGs in Portugal; the Calouste Gulbenkian Foundation is the 3rd. It is imperative that platforms are created, with official and unofficial data, and **that show in which SDGs (one or more) the money of the foundations is being invested**, in a perspective of total transparency and accountability.

In relation to sustainable development, there are some **challenges** that arise:

1. Lack of public funds and the Government's inability to act, in a sustainable manner, to achieve the SDGs;
2. Independence of actions and responsibilities, with each new political cycle.

It is necessary to **ally the public and private sectors on the path of sustainable development**.

Today, and after redefining the structure and its objectives, corporations are part of a crucial ecosystem - the economy is fully integrated. However, considering their current functioning, States are completely obsolete, resisting **multilateralism**, due to the lack of understanding of the impact that multilateral organizations can have on development.

Health tends to deviate towards increasingly expensive equipment, respective technicians and medicines, and the State cannot handle this pressure.

There is no State that can handle the level of taxes that is necessary to continuously meet people's needs. So, how to change the current paradigm?

This implies a change in the paradigm of the States and the structures of each State, which still live poorly with the issues of multilateralism and intersectorality (these structures remain rigid and vertical, seeking to respond to horizontal and dynamic problems - constantly changing). Companies, within the scope of SDG # 3 (Health and Well-being) have to provide salutogenic environments for their workers, transforming work into a source of joy and health, and not the other way around. Issues related to **mental health and burnout** urgently need to be taken into account in companies and in the workplace. In this context, the SDGs call for the **creation of a new type of company**, in which people work only as long as they are hired, allowing for a real reconciliation between working time, family life and personal life.

IV - Health planning in achieving sustainable health and the sustainability paradigm in the health planning process

Conference

Health Planning and Sustainable Health

Ana Cristina Garcia | Coordenação Técnica da Estratégia e do Plano Nacional de Saúde

Sustainable development - definition adopted: development that responds to the needs of the present, without compromising the ability of future generations to respond to their needs (Harlem Brundtland).

Sustainable health and well-being: integration of all SDGs and health, and of health and all SDGs. Health and well-being as a result, determinant and facilitator of the achievement of the SDGs.

Population-based health planning: focused on people's health; aims to improve the health status of populations; starts from health needs; obeys to a logical process, of sequential steps. **Planning processes need to be improved.**

Health planners should choose the most appropriate SDG model; there are several possible schemes: Economics of Ecosystems and biodiversity - TEEB; The Gap Frame - Muff, 2017; National Voluntary Report of Portugal (guidance by the 5 P - People, Peace, Prosperity, Partnerships and Planet).

It requires looking at health determinants in a new way (the “rainbow” of Dalgren and Whitehead plus the SDGs, and where they are linked), as well as the **typology of health problems:** of high magnitude; of low magnitude, but with high potential risk of occurrence. We must invest in **multi-methodological approaches**, using a methodology with a strong epidemiological basis, but also using qualitative methods (for example, consensus techniques, focus groups ...) that allow and facilitate the involvement of different stakeholders.

In short: planning in health should mean planning for sustainable health. It is important to recognize the increasing social value of health and equally important is the intersectoral commitment (*social contract*); therefore, true intersectoral planning is needed, as opposed

to “sectoral yet integrated”. The determination of health needs must focus on inequalities and the health planning process must take place at various levels (national and subnational), in a coherent and aligned manner. Finally, valuing the participation of citizens and civil society organizations in partnerships is essential, involving all partners with an interest in the SDGs, valuing communication, as well as valuing the monitoring and evaluation of the SDGs (a process of *learning by doing*).

Final Remarks

The PNS 2021-2030 build up process was launched publicly at this Seminar. Its motto - **“Sustainable Health: from All to All”** - is increasingly relevant, both for the present and for the future of Portugal, as a sovereign country and in the Global World. The same applies to its “Terms of Reference”, which advocate an “integrated, intersectoral and multidisciplinary model, which intersects the environmental, social and economic dimensions, and is developed at national and subnational levels”, in alignment with the E4A (Engage the 4 A's), recommended by WHO Europe. The 2030 Agenda and its 17 Sustainable Development Goals (SDGs) should be used as a roadmap for the recovery from the current pandemic crisis, paving the way for a new economy, more equitable, inclusive and sustainable, more resilient to pandemics, climate change and other global challenges.

Therefore, **a multisectoral approach** is needed, with health as a determinant and determined, at the center (and not just as one of the pillars) of the social, economic and environmental domains, intersecting the SDGs and assuming a fundamental role in the country's recovery plan. The process of building and implementing the PNS 2021-2030, at the national level, also involving the National Health Programs, and the Local Health Plans, at the local level, offers this approach and, as such, a renewed hope and opportunity for Portugal to achieve the SDGs and more Sustainable Health by 2030.



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