

Seminar

2019

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



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

Final Report

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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.



Índice

Introduction	2
Opening Session	3
Inaugural Conference: Sustainable development goals and Europe	4
Painel I - Health and SDGs: an integrated approach	
<i>The importance of an integration structure (health and well being) to achieve the SDGs</i>	6
<i>Health and SDGs: geography's contribution to an integrated approach</i>	7
<i>Climate change: from observational evidence to climate modeling</i>	9
<i>Between structure and agency in the health and sustainable development debate</i>	10
<i>Health and sustainable development goals. The issue of inequalities</i>	11
Painel II - The Goals of sustainable development in the global world	
<i>Global health - what is it and what is it for?</i>	12
<i>The objectives of sustainable development in the global world</i>	14
<i>Sustainable development goals in the global world - application to philanthropy</i>	16
<i>Sustainable development goals and the private sector</i>	17
<i>Health and sustainable health planning</i>	19
<i>National health plan 2021-2030</i>	21
Closing session	22

Introduction

The seminar “Health and Sustainable Development Goals: Challenges for a Decade”, organized by the Directorate-General for Health, was held on 9 October 2019 at the Calouste Gulbenkian Foundation in Lisbon.¹

In 2021 a new cycle of Strategic Health Planning will begin in Portugal with the National Health Plan 2021 - 2030, which will be aligned with the 2030 Agenda for Sustainable Development. With this alignment, we aim to ensure a framework to face the challenges of the next decade that persist in our country, such as demographic change and migration, poverty, inequalities, growing inequities and environmental degradation.

Since health is determined and determinant of the Sustainable Development, it is necessary to address, in a balanced and integrated manner, the 17 Sustainable Development Goals (SDGs), in order to be able to achieve the best possible health and well-being for our population

¹ 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>

Opening Session

The Director-General of Health, Dr^a Graça Freitas, opened the seminar stating that it is the responsibility of the Directorate-General of Health to coordinate the strategic health planning in Portugal, as well as the elaboration and implementation of the National Health Plan (NHP).

The NHP is the most important reference in Portugal, so it must be a coherent, transparent, participative and methodologically robust process, whose goals are to obtain objectifiable and tangible health gains, in addition to gains in the well-being and in the health system. However, health services cannot be called upon to intervene alone; as previously stated, the whole society, in an intersectoral collaboration manners, must be invited to participate in all health planning processes.

And how should we stand before the future?

With the ambition that we will be able to respond to the challenges that are continually posed to the health system, like the volatile expectations of the population, the rapid evolution of the world and the tendency to find and feel that “more is better”. We must be able to respond to the various health determinants, such as climate and environmental degradation, the ever-present “demographic winter”, as well as all inequalities and asymmetries. Portugal is a small but heterogenous country in which people without different rights still coexist.

With the participation of partners, both from within and outside the health sector, since no goal can be achieved without effective multi and intersectoral collaboration, all moving in the same direction, and considering all external factors that may hinder the success of interventions aimed at improving the population health.

We need to think about the quality of the information we have access to, both retrospectively and prospectively.

A deep and reflective look into the future is needed among all, as no path can be taken without both ambition and partners.

It is also necessary to integrate the Sustainable Development Goals (SDGs) within the NHP, never forgetting the *health in all policies* perspective.

The Directorate-General of Health, in the role of its Director-General, thanked everyone who accepted the challenge to integrate the support and follow-up teams of the NHP 2021-2030 and wished them all a great job.

Inaugural Conference

SUSTAINABLE DEVELOPMENT GOALS AND EUROPE (Bettina Menne)

The current Coordinator of Sustainable Development and Health of the World Health Organization (WHO) Regional Office for Europe, Bettina Menne, began her communication by stating that sustainable development no longer follows the previous paradigm of being only for developing countries; it is from everyone and for everyone.

Sustainable development addressed in the 2030 Agenda is based on five key pillars (5 P's of Sustainable Development), People, Planet, Peace, Prosperity, Partnership, and seventeen integrated and interdependent SDGs that derive from the various sectors of society.

Health cannot be achieved without intersectoral cooperation.

Health is central to sustainable development, with SDG #3 including thirteen specific health goals; however, in the remaining SDGs, we can find more than thirty goals that contribute to improving the health of our populations. If all countries are effectively invited to

implement sustainable development, we can all improve the strategies and activities that have been carried out so far and will achieve:

- One billion more people: benefiting from universal health coverage;
- One billion more people: better health and well-being;
- One billion more people: better protected from health emergencies;

In order for development to take place, four key activities need to be put on the agenda in all national health policy reviews (*E4A - assess, align, accelerate, account*) and systematically engage stakeholders, within and outside the health sector, at all levels, from young people to politicians:

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 (collaboration with the Academy).

Implementation of the SDGs' roadmap should reinforce attention to the life cycle, to underexploited co-benefits, as well as legal and behavioural aspects, among other.

Panel I - Health and SDGs: an integrated approach

THE IMPORTANCE OF AN INTEGRATION STRUCTURE (HEALTH AND WELL-BEING) TO ACHIEVE THE SDGs (Ana Raquel Nunes)

Senior researcher and professor at the University of Warwick Medical School, Ana Raquel Nunes began her presentation by stressing the importance of an integration framework (health and well-being) to achieve the SDGs.

As previously noted, achieving the SDGs requires efforts at all levels, from national to local, as well as in the intersectoral level; the challenge is to understand how SDG #3 can be implemented and how an integrated approach can be achieved.

Saúde e Objetivos de Desenvolvimento Sustentável			
Uma abordagem integrada			
Problema de saúde	ODS	Objetivos propostos (ações intersectoriais)	Exemplos de indicadores
Road traffic accidents	1.1; 1.2; 1.3; 1.4; 3.5 (3.5.1; 3.5.2); 3.6 (3.6.1); 3.8 (3.8.1; 3.8.2); 11.2 (11.2.1); 11.6	To improve access to social protection and health systems and services To promote reductions in alcohol intake To improve the efficiency of public transport To promote safe walking, cycling, use of public transport To improve urban planning and road safety (eg, use of helmets, use of seat belts, speed limits, bicycle lanes, pavements)	Proportion of population who have access to social protection and health services—for example, time/kilometres from home and social support for travel/access Reduce the intake of alcohol and related deaths by x% Proportion of population travelling by public transport, cycling and walking, by kilometres/number of journeys Number of road traffic accidents, injuries and deaths by age group Mortality and morbidity attributed to road traffic accidents

Fonte: Nunes et al., 2016

Identifying the various synergies allows the identification of interdependencies, strategies and measures to respond to different health problems of the population, using intersectoral actions. WHO, the liaison agency between SDG #3 and the rest of the SDGs, as well as the agency with technical expertise for the implementation and monitoring of progress towards sustainable development, needs alignment between all sectors of society and the SDGs, in order to achieve their goals.

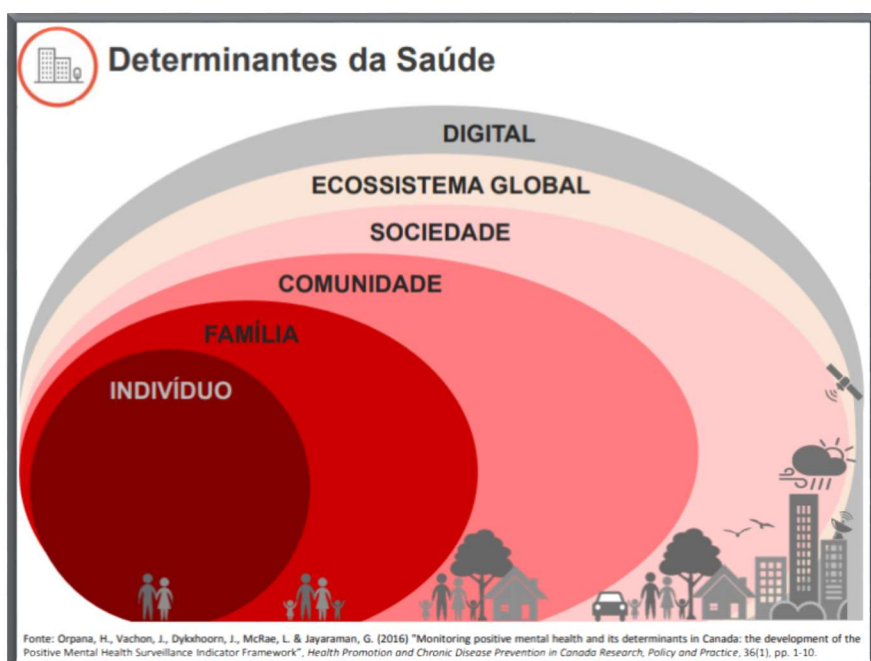
The researcher concluded by recommending:

- The development, implementation and monitoring of an integrated SDG model;
- The use of a *Health in all policies* approach;
- The effective inclusion and participation of sectors within and outside of the health sector.

HEALTH AND SDGs: GEOGRAPHY'S CONTRIBUTION TO AN INTEGRATED APPROACH (Paula Santana)

The second session of the first panel focused mainly on geographical health inequalities. Professor Paula Santana, PhD in Geography and Full Professor at the Department of Geography and Tourism, Faculty of Arts, University of Coimbra, began her presentation highlighting the need to think, as a society, about equity - the territorial causes of inequities disappear when barriers are lifted.

Territorial inequalities exist in each country - groups of fragile regions, cities, or territories where people live, influenced daily by the territory in which they live in. It is crucial to understand these inequalities and how they can be analysed.



- **Community**

It is necessary to understand whether communities, in their physical aspects, provide environments where there is potential for personal development, and in which healthy lifestyles are promoted. Sources of air and noise pollution impact the well-being of individuals; increasing exposure results in increasing deterioration of health.

- **Society**

Social, cultural and political factors influence the health and well-being of individuals at different stages of the life cycle. Gentrification processes, stress, discrimination and stigma have the potential to negatively impact both individuals and communities.

- **Global ecosystem**

Climate change, despite its impact on all individuals, communities and places, ultimately affects those living in situations of fragility and exclusion.

- **Digital**

The era the world is going through has, simultaneously, advantages and disadvantages; the challenges ahead will depend on the territory under consideration.

Using geography allows us to analyse “time” and “space”; the level of disaggregation we use influences the analysis of determinants and health outcomes and, consequently, the design of policies and interventions.

To change the whole story, we must shift the paradigm.

The 2030 Agenda opens the opportunity for this change, supporting and fostering intersectoral, interinstitutional and transdisciplinary articulation, to bring health to everyone’s homes.

The European Euro-Healthy Study helps to prioritize public policies that have the greatest potential to promote health equity. The Population Health Index, allows the assessment of population health in different territories; multidimensional and transdisciplinary, this index allows comparisons across the European region and can serve as evidence to support political and intersectoral decision-making processes. The construction was based on two components (determinants and health outcomes), ten areas of concern, seventeen dimensions and thirty-nine indicators. There is a broad alignment of the dimensions of this index with the SDGs, contributing to the monitoring of sustainable development in the European region.

CLIMATE CHANGE: FROM OBSERVATIONAL EVIDENCE TO CLIMATE MODELING (Pedro Matos Soares)

Visiting Professor at the Department of Geographic Engineering, Geophysics and Energy (University of Lisbon) and Principal Investigator at Dom Luiz Institute, Pedro Matos Soares began his session by stating that climate change is multiscale, both in its origin and in its potential effects. Anthropogenic activity (greenhouse gases) has placed the planet outside the expected climate variability, resulting in an unprecedented warming period.

This process of terrestrial warming, although accelerated, is heterogeneous, and it is possible to analyse different speeds in different territories, with repercussions on the types of climate that each zone had to date. Extreme weather events force the displacement of masses of people; in 2015, 19.2 million people were displaced by climate change disasters.

Climate change is one of the biggest challenges that humanity faces, and Portugal is one of the most vulnerable areas in the world.

Nowadays, different climate models (global and regional) are used to project various climate-related variables, from temperature (heat waves and cold waves), precipitation (reduction or increase), among others, with negative impact on the different Earth system processes, on the health of populations and their current lifestyles, especially for the most vulnerable population groups.

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.

BETWEEN STRUCTURE AND AGENCY IN THE HEALTH AND SUSTAINABLE DEVELOPMENT DEBATE (Alexandra Lopes)

Alexandra Lopes, Professor in the Department of Sociology of the University of Porto and Scientific Coordinator of the Research Centre of the Institute of Sociology, began her session by pointing out that the integration of social sectors in terms of strategies, policies and action programs in health is not recent.

The socioeconomic gradient in the distribution of health and disease has been widely studied for decades; integrated multidimensional and multisectoral approaches are needed to obtain health gains, evidence of which we have known for some time. So, why haven't we been able to change the paradigm?

We need to understand the reasons behind the apparent systematic failure in the area of social gradients and health.

There are two possible conceptual frameworks when we intend to develop interventions aimed at eliminating the strength of association between socioeconomic disadvantage and health disadvantage:

- a) Individual as the sole responsible for his/her decisions, i.e. emphasis on the individual capacity for action;
- b) Influence of social structures on the determination of individual behaviour;

Both views compete in opposite directions for the definition of public health policies, assigning different responsibilities and lines of action. However, we know that human behaviour is socially localized, developing within the social structures that surround it, beyond its individual barriers; therefore, we cannot dismiss the importance of these structures in changing an individual's behaviour.

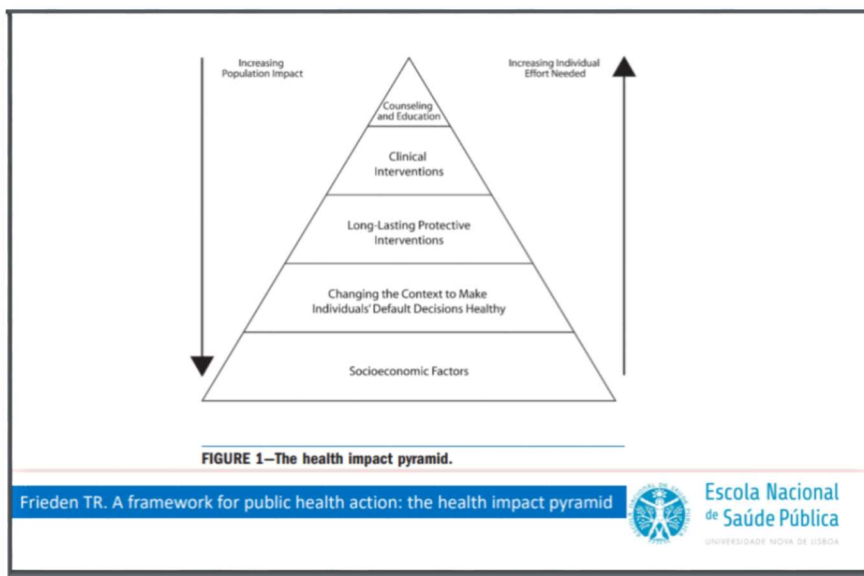
Having a universal and free (or at a reduced cost) National Health Service, how do social inequalities in health persist?

This was the first question posed by the coordinator of the Mission Structure for Sustainability of the Health Budget Program, vice-chair of the Health Technology Assessment Commission, and professor at the National School of Public Health, Julian Perelman.

Social inequalities translate into years of life lost. The level of education, as well as employment and income, consistently influence multiple causes of morbidity and mortality.

Life years with quality, disease-free, are longer in higher-income individuals.

Achieving health equity is a challenge; social justice requires equal opportunities, recognizing health as a fundamental human right, sustainable development in all sectors and social cohesion. The context, whether environmental, political or social, in which we are born, grow up, live and work has repercussions in our health; inequalities in the social context result in health inequalities.



The most effective policies regarding reduction of health inequalities are those at the bottom of the health impact pyramid that address socioeconomic factors, affecting our context in a global manner. Macro policies, such as those related to salt reduction, taxation of sugary drinks, and smoking denormalization, are also more cost-effective than any individual intervention.

There is a resource allocation problem, not just a health problem.

Panel II – The Goals of sustainable development in the global world

GLOBAL HEALTH - WHAT IS IT AND WHAT IS IT FOR? (Isabel Craveiro)

Isabel Craveiro, researcher and professor at the Public Health and Biostatistics Unit of the Institute of Hygiene and Tropical Medicine of the New University of Lisbon, began her presentation by mentioning several issues and challenges associated with global health.

When we consider the Global Burden of Disease, we must take into account issues related to geographic variations, avoidable morbidities and mortality, which generate inequities. The increased burden associated with noncommunicable diseases is also, at this moment, a problem associated with global health.

Today we also face new threats, including bacterial resistance, vaccine refusal and (re) emerging diseases.

When we talk about global health, we must not forget the issues related to its determinants. Social determinants, economic environment, working conditions, the role of the food industry, tobacco and recycling have been given as examples.

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.

We must look at health as a nonrival and non-exclusionary public good, and as a global public good - encompassing more than one group of countries, whose benefits reach a broad spectrum of the global population and meeting present generations' needs without compromising the ones of future generations.

There are several entities that can produce public goods, like the market, the community or the state, but none are inconsequential, so we need to take these details into account when planning for sustainable development and the future. In addition to who produces, we must know who will pay for these public goods, since resources are scarce and finite.

To solve global problems, we must change resources' allocation, never forgetting about sustainability.

Inequalities have been growing locally, in countries, but also globally, and action is urgently needed to improve inequalities and their impact on health and populations.

Are the 17 SDGs 17 ways to change the world?



At the top of the SDG pyramid is peace, a public good that must be preserved, and we are all called to contribute to preserve it, given its potential impact on global health. Partnerships accompany peace and must exist to achieve sustainable development at all levels, from local to international.

To achieve change in global health, we must:

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

If you doubt the importance of global health issues or think that national borders will ensure safety against emerging diseases, consider that we live in a time where the incubation period of all known human pathogens is longer than the longest intercontinental flight.

THE OBJECTIVES OF SUSTAINABLE DEVELOPMENT IN THE GLOBAL WORLD (Gonçalo Motta)

The second session of this panel, by the Head of the Sea, Environment and Energy Affairs Division, Gonçalo Motta, began by summarizing the key events that took place in 2015 and that resulted in the 2030 Agenda:

1. United Nations 3rd Conference on Financing for Development (Addis Ababa), which reiterated the commitment to channel 0.7% of the gross national income as an official development aid by 2030, and the need to create an enabling environment to sustainable development;
2. United Nations Heads of State and Government Summit (New York), where the 2030 Agenda for Sustainable Development was adopted, incorporating 17 SDGs and 169 targets.

The 2030 Agenda integrates the three dimensions of sustainable development in an interconnected way: economic, social and environmental.

This Agenda differs mainly on the fact that it involves a combination of efforts by a variety of actors from the civil society, such as the private sector, municipalities and universities. According to the speaker, the importance of the 2030 Agenda is most evident at the local level, where the most effective gains in its implementation can be obtained.

The High-Level Political Forum (HLPF) was created in 2012 to replace the Sustainable Development Commission (ECOSOC), with the goal to bring a new dynamic to the implementation of the 2030 Agenda. In 2017 began the annual review cycles of the SDGs (HLPF ECOSOC Cycle); each cycle focuses on a particular set of SDGs, always including the SDG #17. States and governments are invited to submit national voluntary reports setting out their plans, strategies and measures for the implementation of the 2030 Agenda. There are also civil society events where businesses and companies, for example, can provide input and their short, medium and long-term commitments regarding sustainable development. The ECOSOC cycles last for four years; the most recent was completed this year, culminating in the September SDG Summit at United Nations Headquarters.

The Policy Statement adopted after the SDG Summit includes more than 100 acceleration actions for the 2030 Agenda.

At the regional level, the UN Regional Economic Commissions is responsible for monitoring the 2030 Agenda. The United Nations Economic Commission for Europe (UNECE) Regional Development Forum is the annual reference event for monitoring the implementation of the 2030 Agenda in the European region - the last event took place in March 2019.

The European response to the 2030 Agenda includes two workflows to integrate the SDGs into the Commission's daily work:

- a) In the short term: associate the SDGs to the European policy framework and Commission's current priorities, assessing policies and identifying the most relevant sustainability concerns;
- b) In the medium to long term: reflect on the growing development of the sectoral policy focus after 2020 and redirect the contributions from the EU budget towards the achievement of long-term objectives through the post-2020 multiannual financial framework.

In Portugal, and following the formal implementation of the 2030 Agenda, the Government adopted a set of interministerial coordination measures that would allow to:

1. Identify interlocutors;
2. Assign roles and responsibilities, with the creation of a grid of attributions, in which each Ministry coordinates a specific SDG and may be assisted by other Ministries (contributors);
3. Establish consultation and reporting mechanisms;
4. Ensure the consistent and integrated implementation of the new Development Agenda, both internally and externally.

The National Voluntary Report serves as a tool to support the implementation of the 2030 Agenda in Portugal, informing about the main national and regional (community level) policies, plans and strategies that contribute to the implementation of each of the 17 SDGs. It also contains a chapter on the statistical information available for the implementation of this Agenda.

Following the SDG Summit, a new HLPF review cycle (ECOSOC cycle) follows, and the UN reform proceeds in line with the 2030 Agenda. At the regional level, the new UNECE Forum will take place in March 2020. In Europe, the strategic implementation framework will be defined and, in Portugal, considering this framework, the National Strategy for Sustainable Development will be updated.

The only green SDG in Portugal in 2018 was SDG #7 (Affordable and Clean Energy); there is a lot of work to be done in this country towards sustainable development in the next decade.

The key is to incorporate the SDGs into one's life and to establish partnerships, whether with a co-worker, an institution, the community.

SUSTAINABLE DEVELOPMENT GOALS IN THE GLOBAL WORLD - APPLICATION TO PHILANTHROPY (João de Almeida Pedro)

João de Almeida Pedro, senior project manager of the Gulbenkian Partnerships for Health and STEM (Science, Technology, Engineering and Mathematics) Development Partners Program, began his session by explaining what the philanthropic sector is; it is made up of foundations, with private funding applied to activities of public interest and, thus, tax exempt. Although there is growing concern with accountability, it is still low and/or lacking. As for data availability, it is important to note that foundations do not lack data but are rather lacking in processes of analyses and interpretation of this large amount of information.

Foundations are local, but with global concerns.

Achieving the SDGs requires strengthening a global partnership for cooperation to reach effective development; while the ultimate responsibility for achieving the SDGs lies within governments, everyone is called upon to act and assist in achieving sustainable development.

There are five principles to bear in mind when referring to sustainable development:

1. Definition of development priorities;
2. Focus on results;
3. Establishment of inclusive partnerships;
4. Transparency and accountability;
5. Leave no one behind.

Philanthropy commits, globally, as a partner, financier and creator of data structures. It is imperative that platforms are created, with official and unofficial data, and that can show in which SDG (one or more) foundations money is being applied, with a total transparency approach.

It will not be possible to achieve the SDGs without bringing humanity closer, not separating the various countries by categories such as "rich and poor" or "north and south".

SUSTAINABLE DEVELOPMENT GOALS AND THE PRIVATE SECTOR (Mário Parra da Silva)

Chairman of the Portuguese Global Compact Network Council, Mário Parra da Silva started his session contextualizing this network - it includes about 9,500 companies, and over 3,500 institutions worldwide, including universities, foundations, among others.

Regarding sustainable development, there are some challenges that need to be addressed:

1. Lack of public funding and the Government's inability to act sustainably to achieve the SDGs;
2. Independence of actions and responsibilities with each new political cycle.

Given these challenges, as well as the indelible mark that companies, including non-governmental organizations, leave on their activities, it is necessary to combine public and private sector in the path for sustainable development.

Today, and after redefining their structure and objectives, corporations are part of a crucial ecosystem - the economy is fully integrated. However, given their current functioning, States are completely obsolete, resisting multilaterality due to the lack of understanding on how multilateral organisms can impact development; they are also resistant when it comes to transfer power to higher structures such as the United Nations, but, given the reality they are going through, States will have no other alternative.

SDGs numerical order should not be changed; poverty is the greatest scourge of humanity and it is urgent to halt its and hunger's growth.

Poverty and hunger are grounded in each other, empowering one another.

Health, represented in SDG #3, is also one of the biggest scourges - the success in this area was so great on a global scale that we don't even believe it. However, every individual continuously wants more; diseases are only economically bearable until a cure is found - from that point on, the treatment must be given, and the State must support it. Health tends to shift to increasingly expensive equipment, technicians and medicines, and the State cannot stand this pressure.

There is no State that can withstand the level of taxes needed to continually meet people's needs.

So how do we change the current paradigm?

When asked, all individuals in Portugal will say that there is the right to health in our country; but what lies on the Constitution is the right to *health care* - no one has explained our population the concept of “responsibility”, and it is urgent to explain it, given the inability to sustain a permanent and growing culture of health care.

Companies, under SDG #3 (Health and Wellbeing), must provide salutogenic environments for their workers, making the workplace a source of joy and health, and not the other way around.

Above all, we must implement a global, preventive, health care strategy.

Noncommunicable diseases do not undergo corrective measures but preventive measures; mental health and burnout issues need to be urgently addressed in business and in the workplace. In this context, SDGs call for the creation of a new type of company, in which people only work the time they are hired, allowing a real reconciliation between working time, family and personal life. Workers must have a sense of purpose, a motivational driver, and not just work for income. We must produce fewer sick people in the workplace, but more active and helpful people throughout life.

The worst disease is being at home, not working, and thinking that nobody wants us, even if they pay us a meal allowance.

HEALTH AND SUSTAINABLE HEALTH PLANNING (Ana Cristina Garcia)

The Public Health doctor, and member of the Technical Coordination of the National Health Plan and Strategy, Ana Cristina Garcia, began her session by asking the audience:

***What is health planning's potential for achieving sustainable health?
What is the potential of the sustainability's paradigm as a reference for the health planning process?***

Nowadays, there are many definitions of sustainable development. The definition adopted by the Directorate-General of Health states that sustainable development (and health) responds to present needs, without compromising the ability of future generations to respond to their own needs, taking into account the balance of social, economic and environmental dimensions.

A sustainable health system promotes the provision of high-quality health care and the improvement of population health, without causing ecological damage. Sustainable health care return improvements based on the three dimensions of sustainability; sustainable health and wellbeing are present in all SDGs.

Population-based planning is people-centred, with the goal of improving the health status of populations. Starting from the definition of health needs, and by being aware of the scarcity of available resources, population-based planning is both a logical and sequential process, as well as a tool for change. However, health planning processes need improvement, mainly by reinforcing sustainability at all stages.

Health and well-being of individuals and populations are, concomitantly, a key factor that facilitates the achievement of the SDGs.

The integration of the SDGs into health planning is, however, a complex process, posing some challenges, especially the interconnection between the various SDGs that must consistently balance the three dimensions of sustainable development. With many SDGs' integration models currently in place, health planners must choose the one that best suits their context and strengthens the social commitment of the various partners.

Sustainable development changes the way we look at health determinants and health problems.

Health problems can be categorized according to a new conceptual model:

1. High magnitude health problems, with critical SDG-related determinants (lifestyle, health services...);
2. Low magnitude health problems but with high potential risk of occurrence: a) Successes of health interventions (vaccine preventable diseases, neonatal and maternal mortality, among others, which also have critical determinants associated with SDGs), and b) Associated with critical determinants on which other SDGs are based, such as climate change.

With this model it is possible to represent all SDGs in health planning, at all levels, from international to local.

No health planning process will succeed without including all potential stakeholders, which means that, for the problem prioritization and health needs definition phase, multi-method approaches, both quantitative and qualitative, are needed.

Health needs determination should focus on health inequalities.

Subsequently, it is necessary that all partners involved look for evidence of the most effective and efficient strategies, taking into account the prioritized determinants and problems, establishing a commitment, a social contract, stating that we will all be working for all, envisioning the improvement of the population health.

The participation of citizens and civil society organizations should be valued as partnerships, involving all those with an interest in the SDGs.

NATIONAL HEALTH PLAN 2021 - 2030 (Graça Freitas)

The Director-General of Health, Dr. Graça Freitas, started this session inviting everyone to be a co-producer of the construction of the National Health Plan 2021 - 2030. This Plan is based on three fundamental assumptions:

- a) The social value of health as a tangible goal in people's lives;
- b) The central role of health, both as a starting and ending point, in achieving the SDGs;
- c) Population-based strategic planning as a key instrument for the realization of the NHP;

The Basic Health Act, and specifically the Base 4, mentions the NHP as one of the main foundations of health policy, as well as both regional and local health plans – we must prioritize health improvement, planning and evaluation.

An Advisory Board was created for NPH 2021 - 2030, as well as a multidisciplinary and intersectoral Monitoring Committee, which will participate in all stages of the NPH construction process. Equally important is the participation of health institutions, including the active participation of regional and local Public Health Services, given their responsibility for developing health plans throughout the national territory.

The construction and implementation of the NHP, in all its stages, will be based on a broad and organized process of participation and consultation with the different partners, using appropriate methodologies. It is a process of change, which aims to achieve the improvement of the population's health level, the reduction of inequalities and asymmetries; it is also an instrument to help us choose better, to focus on what matters, to work together and to communicate strategically between us, partners and with citizens.

Implementing the NHP requires political and social commitments at different levels, from local to international, from all to all.

With everyone's participation, the NPH 2021 - 2030 will create change, without compromising future generations, and leaving no one behind.

Health in all policies, and all policies in health.

Closing session

The Assistant Secretary of State and Health, Francisco Ramos, stressed the need to prepare us all for the challenges ahead, in a continuous, permanent, well prepared and careful way; health plans at all geographic levels provide guidance on what to do and how to meet population's needs, improve their health and quality of life, while contributing to the planet's sustainability.

Health planning also implies considering the organization of our National Health Service.

The challenges that will appear in the coming years, such as the municipalization of health, will have to be led by Public Health professionals and entities, as well as by those who are used to think about health. We must decide what kind of health we want in the future, if based on a logic of "health business", market, or as a proxy of the statement Portugal included in its Constitution:

Health is everyone's right.



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