



Uniting For A Sustainable Future | Post 2015 Public Consultation | Nov 15, 2014

Discussion Group Reporting Form

Goal: #3 Ensure healthy lives and promote well-being for all at all ages.

Number of Participants: 16

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<p>Why should this goal be included in the Sustainable Development Goals?</p>	<p>Health is a key area in the development of all people. Here in San Diego there are expansive and diverse healthcare provider/services (i.e. Scripps’s Clinic, Rady Children’s Hospital) as well as a robust biotech industry. The intersection of these three points makes the goal of health a central goal for the SDGs.</p>
<p>Which targets from the OWG* document do you think are most important and why?</p>	<ol style="list-style-type: none"> 1. 3.3 UCSD is one of the most highly funded HIV centers. In combination with that and our biotech industry we have the resources here to contribute to a solution. Prevention is key as late treatment costs us more in the long run when previously smaller problems become chronic and more expensive issues. The water shortage in San Diego has become a state of emergency and can result in more communicable diseases. 2. 3.4 Mental health is a key focus for us here in San Diego. Bad mental health care is both caused by and contributes to the development of stressors which can advance into violence, substance abuse and health complications. Even with Obamacare, mental health patients are still marginalized. We would like to see a separate target dedicated to just mental health. 3. 3.5 Education is key in preventing these kinds of issues. San Diego has trouble solving this issue due to too much politicization despite the excellent quality of the health and human resource system we have in place. There is also a problem of over-prescription in San Diego. This is an important target for us. 4. 3.7 Reproductive health is one of the most important targets among the SDG Health issues for san Diego. Access to contraceptives can contribute to population control. Smart and fair population control can have many positive effects including: the reduction of climate change, better allocation of resources and reduced public health costs – all issues that are central to San Diego public concerns. 5. 3.9 We would like to see more air quality solutions in san diego, the lack there of contributes to several health complications. This is also a city engineering issue where residential zones are to close in proximity to traffic congestion points. Also, the chemicals in our foods and home products need more FDA regulation and labeling. 6. 5.A While many countries reduced their maternal mortality ratio, the U.S. ratio has actually worsened. This is largely a result of increased diabetes and obesity in our population. This must be a priority for the Unites States in particular.

*Open Working Group (OWG) **Sustainable Development Goals (SDGs)



<p>How do you think the OWG targets should be applied to United States policy making and legislation?</p> <p>What needs to be done to integrate goals into national policy?</p>	<ol style="list-style-type: none"> 1. In order to progress any issue beyond a small group of concerned citizens we must be able to apply it in concept to a broad constituency and have a broad conversation about an issues overall effects on a community. 2. Court Rulings can have an effect on policy on a case by case basis that can trickle down into state behavior. 3. Solving the state versus federal rights questions can often propel a solution into practice. 4. Scientific based policies a.k.a. de-politicization. 5. Changes in leadership demographics i.e. having a conversation about the quota system. 6. CDC adoption of the MDGs. 7. Continuation of CDC funding into NGOS.
<p>How do you think the OWG targets should be applied to your state/city policy making and legislation?</p> <p>What needs to be done to integrate goals into state and local policy?</p>	<ol style="list-style-type: none"> 1. Integrate health courses into the education system (i.e. mental health, substance abuse, reproductive health, nutrition and exercise etc.). 2. A better understanding of the legalization issues with a state consensus on how to send the right message about drug use to the public. 3. All above responses can be applied to the state/city level of policy making as well.
<p>What is the group's recommendation for action to mobilize local and national support for the SDGs** and this goal?</p>	<ol style="list-style-type: none"> 1. Public Private Partnerships – what works for one company can work for an NGO on a larger scale perhaps and vice versa 2. Getting large donor countries to buy into the SDGs officially 3. Align the work of NGOs more with the UN MDGs 4. More group awareness between different local NGOs and their purposes in order to encourage streamlining 5. Activate ambassadors in the SoCal regional office of the Council of Organizations 6. More bottom up communications similar to this consultation 7. Communicate more the results of humanitarian efforts to affected or donor communities 8. More development of youth leadership and community organizing 9. Engage biotech industry more and reward them for community problem solving 10. Distribute more knowledge regarding the truth of these issues in our own communities 11. Having a target for a reduction of mental health related emergency room admissions 12. Insurance regulations that require longer periods of mental health care coverage 13. Separated target based on a reduction of violence and injury including hate crimes 14. Mental Health awareness campaigns to remove the stigma



<p>What will be the obstacles to making progress on this goal at the global, national and local levels?</p>	<p>Global: Cultural contexts that may prevent certain behaviors or practices; lack of public contribution obligations from local universities and businesses; immeasurability due to a lack of public participation in data gathering efforts or culturally different definitions of certain issues.</p> <p>National: American unawareness of the truth of these plights in our own country; lack of transparency of U.S. international behaviors on the local level</p> <p>State/Local: Lack of a call to action i.e. leaving it to government; exclusivity of access to education; no local data machines feeding into international data sources.</p>
<p>Which stakeholders and coalitions will be important to engage in order to make progress on this goal and its targets?</p>	<p>Global:</p> <ol style="list-style-type: none"> 1. The empowerment of all people addressing global needs by leadership and not government 2. International Monetary Fund (IMF) 3. International NGOs and NPOs to partner with private sector where possible and identify champions <p>National:</p> <ol style="list-style-type: none"> 1. Become examples of success by practicing proven programs 2. U.S. government doesn't appear to be fully engaged and supportive of UN goals 3. Center for Disease Control (CDC) 4. National NGOs & NPOs to partner with private sector where possible and identify champions <p>State/Local:</p> <ol style="list-style-type: none"> 1. Environmental health coalition 2. Become vested in the community through empowerment of our youth 3. Any# of NGOs working on local, national, and international health issues 4. Collaboration between UN US Govt & private organizations 5. Public school system
<p>ADDITIONAL STATEMENT</p>	<p>Sustainability requires a holistic approach. It is not likely that we can have sustainability without the benefit of our United Nations and a universal declaration of human rights that provides for a minimal health ethics code. Such a code was spelled out in the charter of the World Health Organization during their first international conference on health promotion in 1986. This called for health for all by the year 2000 and beyond.</p> <p>Prerequisites for health include: peace, shelter, food, income, a stable eco-system, equity, sustainable resources and social justice.</p> <p>Most do not know that this is our highest law. It is self-evident truth that it is imperative for us to have the benefit of a Minimal Health Ethics.</p>

GOAL 3. ENSURE HEALTHY LIVES AND PROMOTE WELL BEING FOR ALL AT ALL AGES

Goal 3 Proposed Targetsⁱ:

- 3.1 by 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- 3.2 by 2030 end preventable deaths of newborns and under-five children
- 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
- 3.4 by 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing
- 3.5 strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
- 3.6 by 2020 halve global deaths and injuries from road traffic accidents



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

3.8 achieve universal health coverage (UHC), 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

3.9 by 2030 substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination

MDG Progress on Global Healthⁱⁱ:

Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

- New HIV infections continue to decline in most regions.
- The number of new HIV infections per 100 adults (aged 15 to 49) declined by 44 per cent between 2001 and 2012.
- An estimated 2.3 million cases of people of all ages are newly infected and 1.6 million people died from AID-related causes.
- Comprehensive knowledge of HIV transmission remains low among young people, along with condom use.
- About 210,000 children died of AIDS-related causes in 2012, compared to 320,000 in 2005.

Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

- Antiretroviral medicines to treat HIV were delivered to 9.5 million people in developing regions in 2012.
- Over 900,000 pregnant women living with HIV globally were receiving antiretroviral prophylaxis or treatment by December 2012.

Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

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- Between 2000 and 2012, the substantial expansion of malaria interventions led to a 42 per cent decline in malaria mortality rates globally.
- In the decade since 2000, 3.3 million deaths from malaria were averted, and the lives of three million young children were saved.
- Thanks to increased funding, more children are sleeping under insecticide-treated bed nets in sub-Saharan Africa.
- Treatment for tuberculosis has saved some 22 million lives between 1995 and 2012.

Target 4.A: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

- Despite population growth, the number of deaths in children under five worldwide declined from 12.7 million in 1990 to 6.3 million in 2013, which translates into about 17,000 fewer children dying each day.
- Since 2000, measles vaccines have averted over 14 million deaths.
- Despite determined global progress in reducing child deaths, an increasing proportion of child deaths are in sub-Saharan Africa and Southern Asia. Four out of every five deaths of children under age five occur in these regions.
- As the rate of under-five deaths overall declines, the proportion that occurs during the first month after birth is increasing.
- Children born into poverty are almost twice as likely to die before the age of five as those from wealthier families.
- Children of educated mothers—even mothers with only primary schooling—are more likely to survive than children of mothers with no education.

Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

- The maternal mortality ratio dropped by 45 per cent between 1990 and 2013, from 380 to 210 deaths per 100,000 live births. All regions have made progress but accelerated interventions are required in order meet the target.
- In Eastern Asia, Northern Africa and Southern Asia, maternal mortality has declined by around two-thirds.
- The proportion of deliveries in developing regions attended by skilled health personnel rose from 56 in 1990 to 68 per cent in 2012.
- The maternal mortality ratio in developing regions is still 14 times higher than in the developed regions.
- The rural-urban gap in skilled care during childbirth has narrowed.

Target 5.B: Achieve, by 2015, universal access to reproductive health

- More women are receiving antenatal care. In developing regions, antenatal care increased from 65 percent in 1990 to 83 per cent in 2012.
- Only half of women in developing regions receive the recommended amount of health care they need.
- Fewer teens are having children in most developing regions, but progress has slowed.
- The large increase in contraceptive use in the 1990s was not matched in the 2000s.
- The need for family planning is slowly being met for more women, but demand is increasing at a rapid pace.
- Official Development Assistance for reproductive health care and family planning remains low.

¹ United Nations Open Working Group. *Outcome Document – Open Working Group on Sustainable Development Goals. July 2014.*

ⁱⁱ United Nations. MDG Momentum. <http://www.un.org/millenniumgoals/mdgmomentum.shtml>