

**REVIEW ARTICLE**

**Towards an integrative post-2015 sustainable development goal framework:  
Focusing on global justice – peace, security and basic human rights**

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## Abstract

Following the Millennium Summit of the United Nations in 2000, the adoption of the United Nations (UN) Millennium Declaration by 189 nations, including the eight Millennium Development Goals (MDGs), has been hailed as a unique achievement in international development. Although the MDGs have raised the profile of global health, particularly in low- and middle-income countries, underpinned by the urgent need to address poverty worldwide, progress has been uneven both between and within countries. With over one billion people, Africa is a case in point. Aside from children completing a full course in primary school and achieving gender equality in primary school, none of the twelve main targets set for SS Africa has been met. A key reason suggested for this lack of progress is that the MDGs fall far short in terms of addressing the broader concept of development encapsulated in the Millennium Declaration, which includes human rights, equity, democracy, and governance.

To strengthen the likelihood of realizing the post-2015 Sustainable Development Goals (SDGs), particularly with regard to “planet and population” health and well-being, UN and other decision-makers are urged to consider the adoption of an integrated SDG framework that is based on (i) a vision of global justice - underpinned by peace, security and basic human rights; (ii) the development of interdependent and interconnected strategies for each of the eleven thematic indicators identified in the UN document *The World We Want*; and (iii) the application of guiding principles to measure the impact of SDG strategies in terms of holism, equity, sustainability, ownership, and global obligation. While current discussions on the SDGs are making progress in a number of areas, the need for integration of these around a common global vision and purpose seems especially crucial to avoid MDG shortcomings.

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*“The adoption of the Millennium Declaration in 2000 by all United Nations Member States marked an historic moment, as world leaders committed to tackle extreme poverty in its many dimensions and create a better life for everyone”* (1).

The eight Millennium Development Goals (MDGs) and indicators (2), *“arguably, the most politically important pact ever made for international development”*, (3) were adopted on a voluntary basis by 189 nations to *“free a major portion of humanity from the shackles of extreme poverty, hunger, illiteracy and disease”* (4), several recognizing fundamental human rights, such as health and education, to be achieved by 2015.

In the Foreword to the “Millennium Development Goals Report 2013” (5), Ban Ki-Moon, secretary-general of the United Nations (UN), asserts that *“[t]he Millennium Development Goals (MDGs) have been the most successful global anti-poverty push in history”*. He further adds: *“[t]here have been visible improvements in all health areas as well as primary education.”*

### **Progress on the millennium development goals**

According to WHO Director-General, Dr Margaret Chan, while *“[a]ll eight of the MDGs have consequences for health”*, three put health at front and centre – they concern child health (MDG 4), maternal health (MDG 5), and the control of HIV/AIDS, malaria, tuberculosis and other major communicable diseases (MDG 6) (6).

**MDG 1**, “eradicating extreme poverty and hunger,” is on course to being achieved and has “fallen to under half of its 1990 value” (3), but remains a very serious problem in Oceanian nations, according to World Bank estimates. Aside from “North Korea and Somalia,” where “the poor are getting poorer,” Matt Ridley in his article, ‘Start spreading the good news on equality,’ observes that global income inequality is “plunging downwards.”(7).

From a MDG perspective, Professors Ulrich Laaser and Helmut Brand point out these advances cannot be attributed to MDG commitments per se (8). Their analysis shows that *“the goal of 21% living below the poverty line defined as 1.25 USD/day was within reach in 2005. However, this was calculated from a baseline set at 1990, i.e., a decade before the MDGs were declared. If one compares the progress between 1990 and 1999 of 11 percentage points to the progress between 1999 and 2005 of 6 percentage points, then it becomes apparent that the pace of development has been quite similar before and after the MDG commitment in the year 2000”* (8). In addition, the authors highlight “the largest chunk of progress is due to the over-achievement of China, not only halving but quartering its poorest population. The same argument can be made for malnutrition, according to the authors, standing at *“19.8% in the developing countries in 1990 coming down to 16.8 in 1995 and remaining stagnant at 15.5% in 2006. However, the sheer numbers of malnourished remain stable at 848 million in 1990 vs. 850 in 2008. In Sub-Saharan Africa, (SS Africa) the numbers even increased in the last period (2003–2008) from 211 to 231 million”* (9).

Reducing *“by half the proportion of people without sustainable “access to drinking water has been achieved”* (3), although the number of people without a *“safe drinking water source”* is still steadily increasing, and by mid-2014 there were close to 800,000 deaths from water-related diseases (10), more than 10 percent of those who do not have access to safe water.

In terms of **MDG 2**, *“[s]ignificant steps towards achieving universal primary education have also been made with “[m]ore than 9 million children ... enrolled in primary education and more than 720, 000 primary school teachers have received training (2004-2009)”* (11). Progress has been slowest in the SS Africa as well as the Middle East and North Africa

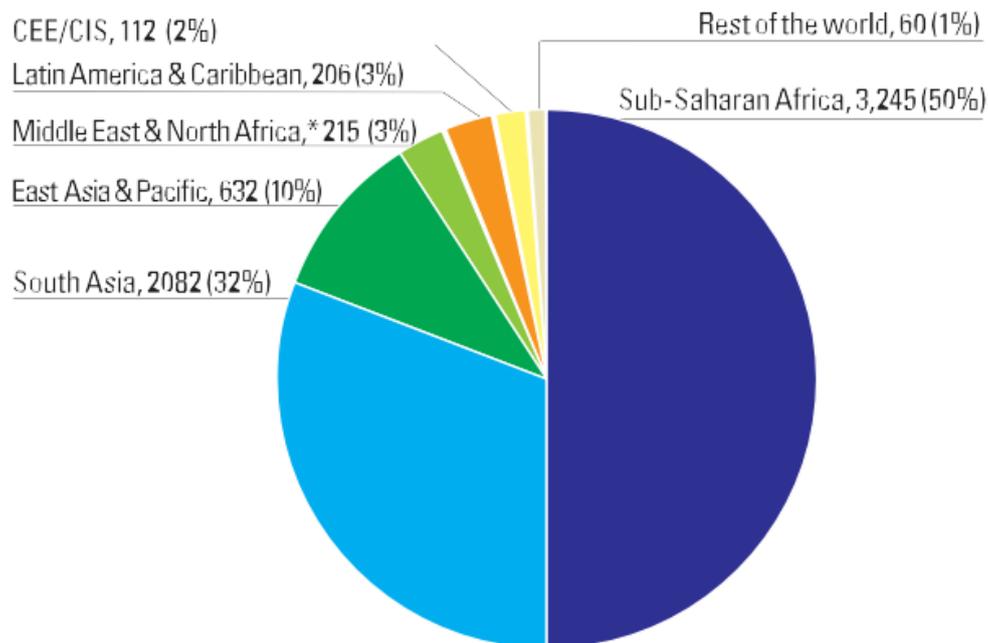
regions. However, according to the European Union ‘Gender Equality’ report, “the heavy focus on enrolment rates has come at the cost of educational quality and retention disproportionately affecting girls” (11). Furthermore, the report underlines that “[s]econdary school completion is particularly important for gender equality and should command increasing attention.”

The aim of **MDG 3** is “[t]o promote gender equality and empower women”. And, while the targets and indicators within MDG 3 are important they were, according to the European Union study (11), “narrowly defined,” and along with most other MDGs, “[p]rogress has been uneven both between and within countries, and indicators were inadequate to capture the lagging behind of the most marginalised groups and those facing multiple discrimination.”

All SS African countries are lagging behind the MDGs, especially with regard to **MDG 4** “to reduce child mortality” and **MDG 5** on maternal mortality which calls for “a reduction in the number of child deaths from 12 million in 1990 to fewer than 4 million by 2015” (11). And, although “[a]ll regions have made progress, with the highest reductions in Eastern Asia (69%), Northern Africa (66%) and Southern Asia (64%)” (11) since the turn of the millennium progress toward MDG 4 and 5 is - “well below the target to reduce the maternal mortality ratio by three-quarters by 2015” and “[o]n current trends, this is one of the targets least likely to be met by 2015” (11).

As shown in Figure 1, “significant disparities in infant mortality persist across regions. In sub-Saharan Africa, one in every 10 children born still dies before their fifth birthday, nearly 16 times the average rate in high-income countries” (12). Faster progress in other regions has seen the burden of global under-five deaths shift increasingly to sub-Saharan Africa.

**Figure 1: Number in thousands and percent (of global total) of under-five deaths by region 2012 (12)**



The approach taken by the Partnership for Maternal, Newborn and Child Health (PMNCH) may hold important lessons for other MDGs (13). The PMNCH’s main aim is to enable

*“partners to share strategies, align objectives and resources, and agree on interventions to achieve more together than they would be able to achieve individually”*. Partners who have joined from various organizations, including those from *“the reproductive, maternal, newborn and child health (RMNCH) communities”* to form *“an alliance of more than 500 members, across seven constituencies: academic, research and teaching institutions; donors and foundations; health-care professionals; multilateral agencies; non-governmental organizations; partner countries; and the private sector”*.

Their evidence-based approach made clear the urgency of their work as studies revealed inter alia that *“[n]early nine million children under the age of five die every year, with “[a]round 70% of these early child deaths...due to conditions that could be prevented or treated with access to simple, affordable interventions”*. Alarmingly, *“[o]ver one third of all child deaths are linked to malnutrition”* and *“[c]hildren in developing countries are ten times more likely to die before the age of five than children in developed countries”*.

Developed within the framework for the ‘Every Woman, Every Child initiative’(14), their concerted action has been successful and led to the ‘Every Newborn Action Plan’, which was endorsed by the 194 member-states at the 67<sup>th</sup> World Health Assembly in 2014. The Plan now paves *“the way for national implementation and monitoring of key strategic actions to improve the health and well-being of newborns and their mothers around the world”* (15). Translating vision into reality includes establishing *“effective quality improvement systems,” “competency-based curricula,” “regulatory frameworks for midwifery and other health care personnel”* and *“multidisciplinary teams”* (15).

**MDG 6** focuses on combatting *“HIV/AIDS, malaria and other diseases”*. Michel Sidibé, UNAIDS Executive Director, in his Foreword to the *“UNAIDS report on the global AIDS epidemic 2013”* (16), reflects that *“[o]ver the years, the gloom and disappointments chronicled in the early editions of the UNAIDS have given way to more promising tidings, including historic declines in AIDS-related deaths and new HIV infections and the mobilisation of unprecedented financing for HIV-related activities in low- and middle-income countries”*.

In his view much has been achieved since *“the dawn of this century”* when there was *“a lack of critical HIV treatment and prevention tools”* which *“often hindered efforts to respond effectively to the epidemic”*. Today, he posits *“we have the tools we need to lay the groundwork to end the AIDS epidemic”*. Achievements such as *“the sharp reductions in the number of children newly infected with HIV”* and *“life-saving antiretroviral therapy”* to the synergistic efforts of diverse can be traced to *“stakeholders – the leadership and commitment of national governments, the solidarity of the international community, innovation by programme implementers, the historic advances achieved by the scientific research community and the passionate engagement of civil society, most notably people living with HIV themselves”*. As with Partnership (PMNCH) for Maternal, Newborn and Child Health initiative (13), an important element of progressing the MDGs/SDGs lies with forming committed and workable alliances which have a common cause.

While acknowledging the significant progress that has been made toward new HIV infections, zero discrimination and zero AIDS-related deaths, he is concerned that *“[i]n several countries that have experienced significant declines in new HIV infections, disturbing signs have emerged of increases in sexual risk behaviours among people”*.

This ongoing uneasiness was highlighted at the Prince Mahidol Award Conference in 2014 in Thailand with the overall theme, *Transformative Learning for Health Equity* (17). At this event Dr. Anthony Fauci, director of the US Institute of Allergy and Infectious Diseases, outlined the challenges remaining in ending the HIV/AIDS pandemic, citing that in 2012

there were over “70 million total HIV infections; 36 million total aids deaths; 35.5 million people living with AIDS” killing 1.6 million in 2012 alone; and 2.3 million new HIV infections.

The intervention model adopted by the Institute places reliance on treatment and prevention with basic and clinical research given highest priority, especially regarding antiretroviral drugs, with 12.7 million people receiving these in 2012 compared to about 200,00 in 2002. And, as mentioned, while treatment is having good results in some areas, preventive measures are faring less well as fewer “than 10 percent of people in the world who are at risk of HIV infection are reached with prevention services.” This low number is disappointing especially after “the global approach to HIV prevention” in the last three decades “has moved from a fragmented one, initiated by different communities affected by HIV, to a unified approach led by international and national organisations and governments” (18).

Two conclusions that may be drawn from these less-than-satisfactory statistics are, first, that “[e]xpansion of the combination prevention approach is essential to avoid future HIV infections and for the health and well-being of people living with HIV”. And, secondly, that prevention needs to be given much more priority especially in terms of resources for educational measures with a view to “empowering communities who are affected by HIV to deliver the prevention techniques that work for them”.

Progress with **MDG 7**, which seeks “to ensure environmental sustainability,” is ‘sluggish’ in SS Africa, southern and western Asia, and Oceanian countries. As one example, “[t]he proportion of people with sustainable access to safe drinking water increased from 76% to 89% between 1990 and 2011” but “accounts for just 63% in SS Africa” (11). In addition, “while access to sanitation improved from 49 % to over 60%, it remains well below the target of 75%”, and has a major influence “on women and girls, for example, in their ability to go to school and in the prevention of violence. Where water sources are still not available, women and girls do most of the collection”. Moreover, alarmingly, high rates of deforestation hamper progress with regard to MDG 7. By mid-2014, losses in Forest over a six month period were 2,187,086 hectares and Land lost to soil erosion 2,944,409 hectares (10).

**MDG 8** “relates to the need to develop a global partnership for Development” but “is conspicuous by the absence of any indicators to monitor progress” (11). This omission is highly significant as “[t]rade agreements, including intellectual property rights, discussed in 4.3, directly impact on the cost and availability of pharmaceutical products and therefore the right to health”.

### **A millennium development goal ‘report card’**

Table 1 shows average ratings of progress toward each of the eight MDG-2015 goals based on an informal survey involving twenty-four members of a Universitas 21 Health Sciences MDG workshop group meeting in Dublin, Ireland (19). The main focus of the UNMDG initiative, which comprises a network of 27 global research-intensive universities, is to facilitate incorporation of the UNMDGs (future SDGs) into health care curricula through the use of interprofessional case-study pedagogy. To this end, in the past few years the UNMDG team, drawn from members across the world, has conducted workshops in Dublin, Hong Kong, Nottingham, Melbourne, Lund, to name several locations. In addition, members have contributed to global MDG projects focusing on raising awareness about the UNMDGs and networking with similar groups. MDGs 3, 6, and 8 received the highest scores but are still well below acceptable levels. MDGs 1, 3, 4 seem to fare slightly better than MDGs 5 and 7.

**Table 1. Universitas 21 Health Sciences MDG (compilation by the author GL)**

<b>MDG</b>	<b>Current</b>	<b>Reported as outstanding</b>	<b>Score-Card 1(best) – 5 (worst)</b>
<b>1) Eradicate poverty and hunger</b>	1990-2004: poverty fell from almost a third to less than a fifth.	Africa poverty rise; 36 countries (90% of world's undernourished children); 1 out of 8 people remain hungry; 2.5 billion lack improved sanitation facilities – 1 billion practice open defecation, a major health/environmental hazard.	<b>3.1</b>
<b>2) Achieve Universal Primary Education</b>	Children in school in developing countries increased from 80% 1991 to 88% in 2005.	Ca. 72 M children of primary school age (57% girls) not being educated as of 2005.	<b>3.1</b>
<b>3) Promote Gender Equality</b>	Tide turning slowly for women in the labour market.	Far more women than men - worldwide more than 60% - are contributing as unpaid family workers (World Bank Group Gender Action Plan)	<b>2.8</b>
<b>4) Reduce Child Mortality</b>	Some improvement in survival rates globally. Deaths of children less than 5 years of age fell from 12 million in 1991 to 6.9 million in 2005.	Accelerated improvements needed urgently in South Asia and sub-Saharan Africa: ca. 10M children <5 died in 2005; most deaths were from preventable causes (2014: 3.1M).	<b>3.1</b>
<b>5) Improve Maternal Health</b>	Most of about 500,000 women who die during pregnancy or childbirth every year live in South Asia and sub-Saharan Africa.	Probably one of the least likely MDGs to be met. Numerous causes of maternal deaths require a variety of health care interventions to be made widely accessible. Fewer than 50% of births attended in the African WHO Region.	<b>3.4</b>
<b>6) Combat HIV/AIDS, Malaria, and Other Diseases</b>	2012: over 70 million total HIV infections; 36 million total aids deaths; 35.5 million living with aids and killing 1.6 million; and 2.3 million new HIV infections.	AIDS is leading cause of death in sub-Saharan Africa (1.6M in 2007), cases of HIV/AIDS 36M. 300 to 500M cases of Malaria each year leading to more than 1 M deaths. Treatment meets only 30% of need.	<b>2.9</b>
<b>7) Ensure Environmental Sustainability</b>	Continuing losses of forests, species, and fish stocks across the globe.	World is already experiencing effects of climate change.	<b>3.4</b>
<b>8) Increase Global Partnership for Development</b>	Donors have to fulfil their pledges to match the current rate of health care program development.	Emphasis on partnerships e.g. The Global Partnership for Education and the World Bank.	<b>2.9</b>

### **Lessons learned from the MDG initiative**

A key question the WHO Director-General raises in her introduction to the *World Health Report 2013*, ‘Research for Universal Health Coverage’(5), is how lessons learned in other nations can help to reduce deaths everywhere. One answer appears to be making better use of community-based interventions, which according to “randomized controlled trials provide the most persuasive evidence for action in public health”.

*By 2010, findings from “18 such trials in Africa, Asia and Europe had shown that the participation of outreach workers, lay health workers, community midwives, community and village health workers, and trained birth attendants collectively reduced neonatal deaths by an average of 24%, stillbirths by 16% and perinatal mortality by 20%. Maternal illness was also reduced by a quarter. These trials clearly do not give all the answers – for instance, the benefits of these interventions in reducing maternal mortality, as distinct from morbidity, are still unclear – but they are a powerful argument for involving community health workers in the care of mothers and newborn.*

Contributors to a study conducted by the University of London International Development Centre (LIDC) and published with *The Lancet*, ‘The Millennium Development Goals: a cross-sectoral analysis and principles for goal setting after 2015’ (3), identify difficulties with the MDGs in four areas: “conceptualisation, execution, ownership, and equity.” In their view, the goals were “*too narrow and fragmented, leaving gaps in which other important development objectives are missing*”. Rather than focusing on the wider vision of the Millennium Declaration, the MDGs concern only “development and poverty eradication,” not “peace, security and disarmament, and human rights”. Moreover, investments have focused on vertical vs horizontal components (e.g. communicable diseases) with “variable effect on improving national health systems”. Education targeted mostly primary education and MDG2 “*under-develops secondary and tertiary education where substantial improvements income and in health are the greatest*”, including the development of skilled workers. Fragmentation between such areas as “education, poverty reduction, health and gender” at national and local levels with “*responsibilities of different line ministries nationally, subnationally, and locally*” [means] “*that the potential for simultaneous actions in the same location, working with the same communities and households, is unlikely*”. The same separation holds true for environmental sustainability “with potentials for synergies across sectors.”

Ownership has also been problematical as input from developing countries to the MDG framework “*was small...mixed and often weak*”, along with “*t]erritorial issues with leadership*”, with examples from communicable diseases (HIV/AIDS, TB, malaria), professional groups, the maternal and child health communities, and the pharmaceutical industry.

Another central issue for the MDGs is equity mainly because in their initial formulation the MDGs targeted poverty reduction and development goals aimed at poor countries rather than “global goals for all countries”, usually associated with economic aspects (e.g. income, education) but also distribution.

The main shortcoming of the current MDG framework is that it is concerned “*with just adequate provision for some, ignoring the needs of those who are too hard to reach and not addressing the difficulties of inequality in societies that have deleterious consequences for everyone, not only the poorest people*”.

It is clear that the MDGs have had considerable impact by “*focusing resources and efforts on important development goals*”, and more generally “*in raising public and political interest in the development agenda, engaging for the first time a wide range of sectors and disciplines in a concerted effort*”.

However, in the light of difficulties with ‘conceptualisation, execution, ownership, and equity’, there appears to be a need for new MDG directions post-2015. The contributors to the LIDC MDG report concluded that “*future development goals should be framed by a vision of global justice at the present moment, when there are no appropriate institutions to deliver this vision*”. An important feature of their thinking is that “*it is important to focus on the choices that are actually on offer in a globally-inter-related world*”, including plurality of principles and procedures and “*permissibility of partial resolutions (i.e. that making some things a bit better than waiting for the best solutions)*”.

The core of their thinking lies in the definition of ‘development,’ which they define “*as a dynamic process involving sustainable and equitable access to improving wellbeing*”. Drawing on Amartya Sen’s work, *The Idea of Justice*, (20) in which he views wellbeing as a combination of the aspiration that “*human lives can go much better*”, they agree that “*improvement can be brought about through a strengthening of human agency, a person’s capability (vs capability deprivation) to pursue and realise things that he or she values and has reason to value*”, thereby linking “*wellbeing with the capability to make choices and act effectively with respect to, for example, health, education, nutrition, employment, security, participation, voice, consumption, and the claiming of rights*”.

Finally, the authors suggest that future developments of millennium goals should follow – and ideally be measured through a lens consisting of five guiding principles:

- *Holism*-avoiding “gaps in a development agenda and realising synergies between components, acknowledging that ‘people’s wellbeing and capabilities depend on human development, social development and environmental development’”.
- *Equity*-achieving “the development of a more equitable world, built on more equitable societies in which there are adequate flows of information, understanding, resources, training, and respect to enable diverse individuals to attain a decent quality of life”.
- *Sustainability*- delivering “an outcome such as wellbeing, in terms of its capacity to persist, and to resist or recover from shocks that affects its productivity” [and] is “both viable in social and economic terms”.
- *Ownership* – beginning “from a comprehensive conceptualisation of development and the core development principles proposed to govern both the specifications of development goals and the processes by which they are specified”.
- *Global obligation* – arguing “for the importance of a position on global obligation that values human rights with respect to human, social, and environmental development”, ensuring that ‘concerns with wellbeing are not just limited to the obligations we have to citizens of our own country, but to individuals anywhere’.

To a large extent, the LIDC report findings are echoed by Dr. Tewabech Bishaw, managing director of the Alliance for Brain-Gain & Innovative Development and secretary general of the African Federation of Public Health Associations (AFPHA) in Ethiopia.

In her keynote address at the 7<sup>th</sup> Public Health Association of South Africa (PHASA) conference (2011), entitled ‘What public health actions are needed in African countries to confront health inequalities?’ (21), she discusses the gaps that need to be addressed and shares her thoughts on public health actions “*that could contribute to redressing existing gaps and inequalities*”.

With dismay she observes that by 2011 “*out of the twelve MDG targets many of the countries in Africa have scored positively on only two – children completing a full course in primary school and achieving gender equality in primary school*”. Calling for urgent action, she also notes that “*Many of the health problems that developing countries in Africa are faced with are preventable. Emerging new communicable diseases and expansion of the old due to*

*climate change has doubled the challenge. In addition, the increasing burden of non-communicable diseases alongside the communicable diseases is further burdening the health system making the situation more challenging. Many of the unnecessary and unjustified deaths especially death of newborns, children and mothers could be averted. Many young talents are wasted due to poverty, environmental degradation, ill health, under nutrition, lack of access to health services, clean water, hygienic living conditions, education and other essential services. Unemployment continues to weaken productive human resources with disabilities worsening the vicious circle of unproductively leading to perpetual poverty”.*

Her recommendations reflect many of the guiding principles of the LIDC MDG report for redressing inequalities and other challenges, highlighting especially the importance of health being fundamentally “a human rights issue”. In addition, she advocates the need for prioritizing policy, strategy and action based on accurate analysis of reliable health information and epidemiological data; engaging in collaborative partnerships and networks; promoting good governance and accountability; using national think tank groups; scaling up and sustaining critical intervention for sustainable health development; promoting and supporting problem solving research; and developing and using participatory monitoring and evaluation systems.

A theme that weaves through her keynote address is the need to listen to and learn from many voices in trying to address the deep-seated and pressing issues facing Africa.

Her determination is in keeping with Professor David Griggs, director of the Monash Sustainability Institute (MSI) in Australia (22). He cites Albert Einstein, who reportedly ‘once said that if he had just one hour to find a solution on which his life depended, he would spend the first 55 minutes defining the problem’, and ‘once he knew the right question to ask, he could solve the problem in less than five minutes’. Professor Griggs emphasizes that “*today, humanity faces such a life-threatening problem: How are we to provide adequate nutrition and a decent quality of life to a global population that is set to surpass nine billion by 2050, without irreparably damaging our planetary life-support system?*”. It seems highly unlikely that even Einstein’s huge thinking capacity could easily resolve issues facing the planet and its people today.

This question is, of course, one of many that confront the post-2015 SDG deliberations. In retrospect, while there is wide variability among global regions with regard to meeting the MDGs, according to some, by and large, they “*did a good job in increasing aid spending and led to improved development policies, but left many of the bigger issues unresolved*” (23).

The main critique of the cross-sectorial analysis is that the MDG goals were “too narrow and fragmented,” and that they concern only “development and poverty eradication not peace, security and human rights.” Other weaknesses are that investments focused on vertical vs horizontal components (e.g., communicable diseases) and that education targeted primary education and not secondary and tertiary education.

### **The United Nations conference on sustainable development**

The United Nations Conference on Sustainable Development (UNCSD) – also known as Rio 2012 and Rio-20) from 13-22 June 2012, with 192 attending nations and about 45,000 participants - made a commitment to the promotion of a sustainable future through Sustainable Development Goals (SDGs) (24).

Redefining the SDGs as “*development that meets the needs of the present while safeguarding Earth’s life-support system, on which the welfare of current and future generations depends*” (25), a group of international scientists go further than focusing just on improving people’s lives. They posit that “[c]ountries must now link poverty eradication to protection of the

*atmosphere, oceans and land*” and propose six Sustainable Development Goals (SDGs); including:

- Goal 1: Thriving lives and livelihoods
- Goal 2: Sustainable food security
- Goal 3: Sustainable water security
- Goal 4: Universal clean energy.
- Goal 5: Healthy and productive ecosystems
- Goal 6: Governance for sustainable societies

Taking into consideration the latter and other contributions, the mechanism to evolve new SDG goals has been through a two phase process by the UN General Assembly (UNGA) Open Working Group (OWG), co-chaired by Csaba Kőrösi, Hungary ambassador to the United Nations and Macharia Kamau, Kenya ambassador to the United Nations: the first phase focused on ‘stocktaking’ from March 2013 to February 2014, followed by phase two from February-September 2014 which concentrated on the development of the report for the 68<sup>th</sup> meeting of the UN General Assembly in September 2014 (26).

While the deliberations are on-going, the MDG interim report in June 2013 concluded that ‘wide support’ exists for a “single post-2015 UN development framework containing a single set of goals”, which are universally applicable but adaptable to national priorities (27). In addition, the report proposes “*the need for a narrative that frames and motivates the SDGs, in particular to focus on poverty eradication as the overarching objective and central proposal of the Goals*”. However, while this focus remains crucial, it is vital to emphasise that sustainable global poverty reduction can only be accomplished in a world that makes ‘peace, security and human rights’ its core aspiration, as advocated by the contributors of *The LIDC MDG cross-sectoral analysis* (3).

These global ideals, so claim Lant Pritchett, and Charles Kenny, both senior fellows at Harvard’s Center for Global Development, also recalling the *Lancet* report, could “*put into measurable form the high aspirations countries have for the well-being of their citizens*” (28), thereby offering “*a rationale for upper middle-income engagement with the post-2015 development agenda*”, and providing “*the rationale for a far broader engagement with development on the behalf of rich countries than attempting to kink progress through aid transfers*”.

### **‘The world we want’**

However, their proposal may need to remain a future possibility as the UN’s top priorities through ‘The World We Want’ (29) and ‘Beyond 2015’ (30) lie with supporting 88 of the poorer countries “to convene national consultations on the post 2015 development agenda.” Stakeholder inputs are requested “*on current and emerging challenges in respect to eleven defined substantive issues*”:

- Inequalities
- Health
- Population Dynamics
- Education
- Energy
- Water
- Environmental Sustainability
- Food Security and Nutrition
- Conflict and Fragility
- Growth and employment

- Governance

The overall aim is to build “a global, multi-stakeholder civil society movement for a legitimate post-2015 framework” (30,31). The national consultations – essentially a “*global conversation*” – are “*organized by UN Country Teams, under the leadership of the UN Resident Coordinator*”, and “*are working with a wide range of stakeholders including governments, civil society, the private sector, media, universities and think tanks*”. To date, over two million have contributed to the exercise, including considerable input through the MyWorld Survey (32). It is pleasing to note the interest taken by the younger generation as 50 percent of the voters to date have been between 16 to 30 years of age. Their top priority is Education (254,505), followed by Healthcare (210,550), Job Opportunities (195,117), Honest and Responsive Government (189,311), Protection Against Crime and Violence (156,687), and Clean Water and Sanitation (152,434).

Conciliation Resources, a peace-building NGO, reminds us that “*War shatters lives. It creates poverty and wastes billions every year. The people living in the midst of the violence often have the greatest insight into its causes. Yet they are often excluded from efforts to find a resolution*” (33). In relation to the MDGs, Dr. Teresa Dumasy, working on policy change and learning in the field of peace building at Conciliation Resources, draws attention to the 2011 ‘World Development Report’ (34), which highlighted that “*no conflict-affected or fragile state has achieved a single MDG, nor are they expected to do so by 2015. Of the 42 countries at the bottom of UNDP’s Human Development Index, 29 are fragile states. Countries where people are feeling the socially debilitating effects of fragility and conflict have simply been left behind*”.

She further notes that “[e]xperience shows that the targets set within the current MDGs have not proved sufficiently relevant to those countries grappling with the peace building and state building issues so central to their recovery”. Moreover, she posits that the MDGs “*speak to the symptoms, rather than the drivers of conflict*” (33).

Referencing a statement by civil society organisations, ‘*Bringing peace into the post-2015 development framework: A joint statement by civil society organisations*’ (35), she mentions key elements “*that address the fundamental notion of ‘fairness’, the absence of which can drive conflict and that should be included in any successor framework*”. These goals “are supported by more than 40 governments and multilateral organisations”:

- Legitimate Politics - Foster inclusive political settlements and conflict resolution;
- Security - Establish and strengthen people’s security;
- Justice - Address injustices and increase people’s access to justice;
- Economic Foundations - Generate employment and improve livelihoods;
- Revenues and Services - Manage revenue and build capacity for accountable and fair service delivery.

Conciliation Resources contend that “*[t]he post-2015 targets must be much more broadly owned and also relevant to countries affected by fragility and conflict, as they persevere in their efforts to attain lasting peace and a significant reduction in poverty levels*”. The importance that Conciliation Resources places on the causes and consequences of conflicts is echoed by *War Child International* (36), a specialist agency, working in countries devastated by armed conflict such as Iraq, Afghanistan, DR Congo, Uganda, Central African Republic and Syria.

According to *War Child International*, and as mentioned earlier, *without focussing on the plight of children in conflict areas, there is no hope of achieving the MDGs, nor the SDGs, one may add*. However, if we are to optimize the success of the post-2015-SDGs, we may

need to learn to work differently. This message is conveyed by co-founder of *War Child International*, Dr. Samantha Nutt, who, after close to 20 years visiting conflict zones, reflects on shortcomings of international aid, concluding that: *“We’re not spending enough time, effort and resources on the preventive aspects of it: programs that focus on education, people’s employment and income opportunities for women and young people.... Something happens in the news and we throw money at it and a year later we expect it to be better. Until you start investing in the local community organizations and addressing these structural deficits, you’ll always be chasing your tail”* (37).

Her concern with ‘scaling up’ community support and development is in keeping with WHO Director-General Dr. Chan’s reflections on how MDG/SDG interventions can be improved (5), and will assuredly contribute to “the process of setting the SDG agenda,” discussed at the 67<sup>th</sup> World Health Assembly (WHA) in Geneva (38). At the latter WHA, Member States also agreed that health needs to be “at the core of the post-2015 development agenda” including *“the unfinished work of the health Millennium Development Goals, newborn health, as well as an increased focus on non-communicable diseases, mental health and neglected tropical diseases along with the importance of universal health coverage and the need to strengthen health systems”*.

Completing the outstanding MDG work is of course of vital importance to ensuring global population health and well-being. However, taking into account lessons learned from the MDGs 2000-2015, achieving the ‘health’ goals will depend largely on significant and expeditious progress being made alongside the other ten thematic indicators underpinned by ‘The World We Want’ initiative.

Dr. Tewabech’s keynote at the PHASA conference is a case in point (21). Too little progress has been made since 2000, and some areas have actually worsened despite timely and realistic strategic plans for improving health care. The gap between good intentions, meaningful application and outcomes remains vast, and, as argued compellingly by the London International Development Centre (3), Conciliation Resources (33), and War Child International (36), the SDGs-2015 need to be conceptualized and enacted through a wider lens that subsumes, expands and interrelates the MDGs in a framework with a view to realizing ‘fairness’ and ‘Global Justice – underpinned by Peace, Security and Basic Human Rights’.

As one example, MDG 1 poverty and MDG 3, on gender equality, could become part of the Inequalities indicator. It is of course too late from a planning perspective, but recognizing the threats imposed by ‘modernity’, discussed in Chapter 2.0, an additional thematic indicator could have drawn attention to ‘Modern Lifestyle and Well-Being’, the probable cause in the rise of non-communicable diseases or conditions.

To this end and, as an illustrative example, Figure 2 juxtaposes goal guiding principles from the *Lancet* report (3) and eleven indicators that underpin ‘The World We Want’ (29). Emerging indicators, such as Population Dynamics and Growth and Employment, would require considerable global analyses of scope, priorities and enabling actions based to a large extent on the MDG experience.

**Figure 2. Towards an integrated sustainable development goals framework**



### **The African ‘Health for All People’ campaign**

Universal Health Coverage (UHC), discussed further in the next section, is about achieving health equity worldwide; it is also, to a large extent, an essential ingredient or ‘stepping stone’ of a longer-term global aim for global justice ‘peace, security, and basic human rights’. Jonathan Jay, coordinator of the *Health for All Post-2015* campaign (39), launched in March 2014, commends policymakers for the progress achieved by the MDGs in areas such as ‘AIDS, childhood immunization, access to family planning and reproductive healthcare’, along with helping to usher in a “Golden Age”. However, he also points out that “*the rapid scale-up was leaving people behind*”, and that “*health inequalities continued to grow, both within and across countries*”, (and) “[*advances in child survival and maternal care left a concentration of deaths in the poorest regions, with persistent gaps in access*”.

Furthermore, while acknowledging considerable progress with regard to preventing and controlling AIDS/HIVs, “hot spots of increased risk among groups that are marginalized and vulnerable” remain. These health concerns are now also being exacerbated by the increase in “non-communicable diseases”, which he labels a “growing hidden iceberg” in developing countries – so daunting a global health challenge that many key players have been virtually paralyzed. The global civil society campaign, *Health for All Post-2015*, that is now underway in Ethiopia, Nigeria and Kenya calls “*for an approach that would correct inequities and bring everyone along—ushering not just the next era, but truly a new era in global health*”.

### **Achieving ‘a new era in global health’**

Echoing the goals of the international scientists (25), according to a global alliance of research institutes, the Independent Research Forum (IRF), “*sustainable development can only be achieved if four foundations exist*” (40):

- Economic progress
- Equitable prosperity and opportunity

- Healthy and productive ecosystems
- Stakeholder engagement and collaboration

Achieving the SDGs that are more inclusive and integrated in terms of ‘planet and population’ sustainability, as indicated in Figure 3, according to the IRF, will be optimized if eight major shifts take place:

- From donor/beneficiary country relationships to meaningful international partnerships
- From top-down decision-making to processes that involve everyone;
- From economic models that do little to reduce inequalities to those that do;
- From business models based on enriching shareholders to models that also benefit society and the environment;
- From meeting relatively easy development targets – such as improving access to financial services - to actually reducing poverty;
- From conducting emergency response in the aftermath of crises to making countries and people resilient before crises occur;
- From conducting pilot programmes to scaling-up the programmes that work;
- From a single-sectoral approach, such as tackling a water shortage through the water ministry, to involving various sectors, like the agriculture and energy sectors, which also depend on water.

### **Bringing “fairness” and “civil society goals” into the development framework**

Unquestionably, in order to meet UN and other SDG challenges “[m]uch depends on the fulfilment of MDG-8 – the global partnership for development” (5), rightly recognized as a key factor by UN Secretary General, Ban Ki-Moon in 2012. These “global partnerships”, he asserts, should stretch beyond volunteerism – and could be greatly enhanced if ‘fairness’ and the civil society goals, mentioned previously (35), were simultaneously advanced by global leaders (41-44) – especially by those who place ‘global justice - peace, security and basic human rights’ ahead of self-interests.

With proposed ‘global justice’ at its SDG core, supported by a set of eleven thematic indicators to ensure ‘sustainable development’, depicted in Figure 3, the MDG refrain “*progress has been uneven both between and within countries*” should no longer be an acceptable option or convenient ‘escape route’. The global challenge is huge, but the rewards for this and future generations are much greater.

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