

What would it take to meet global commitment? Reflection on few expectations

Mirgissa Kaba¹

Informed by Millennium Development Goals (MDGs), Sustainable Development Goals (SDGs) envision much broader agenda beyond meeting the needs of the world's poor. The goals aspire to meet the needs of people and the planet without compromising the needs of the future generations, as well as our ecosystem (1). Member states of the UN have approved Sustainable Development Goals that are anonymously argued to be ambitious to be achieved by 2030. SDGs consisting of 17 goals and 169 targets that are applicable to all countries - rich and poor alike taking economic social and environmental challenges of the world into account (2). The core aim of the SDGs is to transform the world we live in with particular prominence given to human beings and the planet (2,3).

Evidences reveal that SDGs are built on the Millennium Development Goals that were instrumental in guiding country level development agenda during 2000-2015 (4). As such, MDGs have evidently helped countries to take concerted action in meeting some of the goals. However, countries were found to have differences in the level of accomplishment and pace at which MDGs were met or not (5).

The fact that SDGs are comprehensive and address most development concerns across the world, it offers unique opportunity for all development sectors within a country and globally to work in partnership to implement programs leading towards meeting the goals. It is critical to note the slowdown of global economies, migration influx, emerging and re-emerging infections, political instability and growing number of fragile states which may lead to public health crises of different type and magnitude. This is further complicated by environmental degradation and climate change which threatens the path to achieving the 2030 agenda very dubious and sustains public health challenges (6).

Under such circumstances, as eluded above, meeting SDGs is not the responsibility of one

agency nor one sector could single handedly claim the responsibility and ultimately make a difference. Goal 3 in particular aims to 'ensure healthy lives and promote well-being for all'. Among others this goal targets: reduction of maternal mortality and premature mortality from non-communicable diseases; reduction in the number of deaths and illnesses due to hazardous chemicals, polluted air and water; ending preventable deaths from infections and communicable disease; prevention and treatment of substance abuse; and achieve universal access to sexual and reproductive health-care services (7,8). Provision of information and education, integration of interventions with national policies and strategies, access to safe drinking water and ending open defecation, improving level of health care financing and human resource for health are considered among the several measures for seen to bring about successes in meeting Goal 3 (7,8).

In Ethiopia, implementation of MDGs has benefitted from government's investment to strengthen the health system. Such measure is anonymously documented to have contributed to the successes Ethiopia has registered in reducing under-five, infant, and neonatal mortality rates during the last decade (9).

Yet, such an investment in the health system is part of the bigger picture. To date, the country is challenged by triple burden of diseases consisting of communicable diseases, non-communicable diseases and injuries; increasing demand for quality services. These compelled the country to develop comprehensive five year strategic plan (Health Sector Transformation Plan) - 2016-2020 with an objective to provide comprehensive package of quality promotional, preventive, curative and rehabilitative health services (10). These objectives are commensurate with SDGs and are planned to be broken in to annual plans of action for implementation. This again gives an impression to the fact that health sector is responsible to translate the objectives into action.

¹School of Public Health, Addis Ababa University, Addis Ababa, Ethiopia, E-mail mirgissk@yahoo.com

However, the bottom line here has to do with the fact that meeting nationally tailored objectives and thereby meeting SDGs in general and SDG3 cannot be left to one sector. Sustaining the accomplishments and meeting global commitment requires concerted effort from all stakeholders: all development sectors, civil society organizations, private sector, professional associations and the academia (7). One of the critical challenges is bringing about partnership between the different actors to see value in each other.

Association of health professionals and the academia, among others, are expected to play pivotal role. Developing tracking mechanisms of specific objectives and SDG goal 3, training more responsive and committed health human resources and generating evidences that could inform programs as well as strategies are among the critical roles for academia. Professional associations, on the other hand, are expected to hold stakeholders accountable to contribute the goals, set standards in service provision and ensure professionals take full responsibility to meet expectations. It would be logical to offer an example of the role of public health teaching institutions to facilitate prevention intervention.

The health status of a particular country is affected by the health behaviors of individuals. However, equally important determinants are the social, economic and environmental contexts that pose critical challenge to public health as well as that of the individuals (1). Although WHO has recognized the social determinants of health and has set up a commission that is responsible to chart out specific details and provide guidance (11), such determinants remain easy to observe but difficult to take action against these. Health literacy which is becoming an important focus in public health remains far too narrow guided by the usual health education and promotion intervention. Schools of public health thus are expected to do much more proactive role in providing tools that could help change individual behavior but also the contexts surrounding such behaviors. That way, we could see the role of training institutions in contributing to the ambitious SDGs.

In conclusion, meeting global commitment of SDGs require renewed commitment and proactive engagement of all stakeholders.

Guided by national policies and strategies, stakeholders such as professional associations, training institutions, financial institutions, private sector and civil society organizations all have responsibilities to contribute to meet SDGs in general and Goal 3 in particular. Professional associations and training institutions in particular have critical roles in this regard. While training institutions are responsible in training and re-training able, committed and proactive health human resources that not only provide quality services but also generate useful evidence that inform strategies and programs to meet desired results. Professional associations, on the other hand, are responsible to hold every stakeholder accountable to global commitments, set standards to guide service delivery.

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