Center for Economic and Social Rights
Input to OHCHR report on the Sustainable Development Goals and Health
November 2017

This submission focuses on the interplay between Sustainable Development Goals 3 and 10, emphasizing the importance of tackling health needs, health coverage and health inequalities in tandem with economic inequality, and to ensure sufficient and equitable public financing for the Goals. In doing so, it draws from the 2016 CESR publication 'From Disparity to Dignity: Tackling economic inequality through the Sustainable Development Goals'. It does not attempt to provide a comprehensive overview of the relationship between the right to health and the SDGs.

The Sustainable Development Goals (SDGs) have significant overlap with internationally guaranteed human rights. For example, multiple goals including Goal 3 correspond with fundamental economic, social, and cultural rights (ESCR), while the greater attention to issues of governance and inequality can help to advance civil and political rights, as well as the rights of groups facing discrimination.

The links between health and economic inequality

The stand-alone goal on **reducing inequalities** within and between countries – SDG 10 – is crucial from a human rights perspective, which places particular emphasis on tackling disparities and discrimination in development. Tackling economic as well as social inequality is an important component of this goal, and indeed crucial for achieving a whole host of the SDGs, including Goal 3.

Economic inequality has been shown to have a number of detrimental human rights effects, perpetuating social exclusion and creating stark disparities in access to health, education, housing, and other underlying determinants of health. There is increasing evidence that life expectancy, child mortality, non-communicable disease prevalence, and various other maladies are tied to unbalanced economic arrangements.[1] A recent study found evidence that income inequality is a causal factor in various bad health outcomes, suggesting that up to 1.5 million deaths could be averted in OECD countries if the Gini coefficient (a widely used measure of economic inequality) was reduced to below 0.30.[2] Meanwhile public services, such as health care, may be worth up to 76% of the post-tax income of the poorest group in OECD countries, meaning that if the government did not provide these public services, this group would spend

[1] WHO, (2008), "Closing the gap in a generation: Health equity through action on the social determinants of health", The Commission on Social Determinants of Health Final Report. http://www.who.int/social_determinants/thecommission/finalreport/en/

[2] Picket K. and Wilkinson R. "Population Health: Behavioral and Social Science Insight. Income inequality and Health: A Casual Review," AHRQ, 2015. http://www.ahrq.gov/professionals/education/curriculum-tools/population-health/pickett.html

on average over three quarters of their available money just on health and education. Thus these services are a crucial equalizer by redistributing wealth into "virtual income" for all.[3]

Universal Health Coverage and beyond

In order to move towards greater economic equality and meet Goals 3 and 10, governments must take concrete actions to realize the right to health for all. A central plank of these efforts, explicitly espoused in target 3.8, is the achievement of **Universal Health Coverage** (UHC). UHC is understood as *access to good quality health services for all without experiencing discrimination and financial hardship.*[4] It is considered by the WHO to be *"a practical expression of the concern for health equity and the right to health."*[5] If implemented in hand with the commitments to allocate a minimum of 15% of the national budget to health[6], UHC can provide people with a nationally determined set of promotive, preventive, curative and rehabilitative health services, which will ensure the enjoyment of the right to health for all without discrimination[7]. Addressing physical as well as economic barriers will be crucial, with special attention to the widespread fee for service model, which puts an uneven burden on people living in poverty and often drives them further into poverty[8]. Of course, it is also crucial to look beyond UHC and even Goal 3 itself, as the right to health relates not only to health care services and goods, but also to the **underlying determinants of health** such as water, education, sanitation and housing.[9]

Financing

These goods and services are closely linked to economic policies as it would be impossible to ensure universal health care or sanitation without **public funding**[10]. That is, states must ensure a sufficient quantity of functioning health clinics and health related services, which are physically accessible, culturally acceptable and affordable to all. Additionally, the delivery of these services must occur on a non-discriminatory basis (taking into account overlapping and intersecting forms of inequality and discrimination), and be respectful of patients' rights. Health services must also be of high quality, which depends partly on ensuring adequately trained and funded health personnel.[11] Furthermore, reforms towards a more progressive tax system, which can ensure a fair **redistribution of wealth** as well as sufficient public revenues for the delivery of universal health services, are vital to combat both economic and health related

[3] Oxfam (2014) 'Working for the Many – public services fight inequality'.
[4] WHO (2010) 'World Health Report – Health system financing: the path to universal health coverage'.
[5] WHO (2013) 'Positioning Health in the Post-2015 Development Agenda'.
[6] The Abuja Declaration. 2001
[7] Resolution A/67/L.36, 6. Global health and foreign policy. 2012
[8] WHO (2010) op.cit.
[9] CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health.
[10] WHO (2008) op.cit.
[11] CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health.

inequalities.[12] Raising revenues from those most able to pay must include tackling tax abuses by corporations and wealthy individuals, and closing loopholes that enable them to avoid paying their fair share of tax. At the global level, those countries who enable and facilitate cross-border tax abuses, for example by presiding over financial secrecy jurisdictions, have a particular responsibility and should recognize the negative impact these policies and arrangements have on rights enjoyment in poorer countries[13], including on funding for essential health services.[14]

The importance of accountability

CESR and others have argued for a rich network of monitoring and accountability mechanisms and processes at different levels to ensure that governments and other authorities are answerable to rights holders and that corrective action can be taken when progress is insufficient or inequitable.[15] Choosing the right indicators to underpin the SDGs is also crucial to incentivize rights-aligned policy, and bring development actions into coherence with human rights norms.[16] As the Special Rapporteur on the right to health has pointed out, unfortunately many of the indicators so far agreed to monitor progress towards Goal 3 are vague, focus only on the biomedical aspects, track progress only in the aggregate, and/or fail to reflect the interconnected nature of the Goals.[17]

Overall, using an approach to SDG3 that prioritizes and is guided by the right to health will be crucial to spur and maintain inclusive, equitable progress. It is also imperative to ensure an integrated approach to the SDGs, as any effort to implement Goal 3 in isolation from other efforts e.g. towards Goal 2 (nutrition), 5 (gender equality), 6 (water and sanitation) and 10 (inequality) is doomed to failure. This submission has focused on the interplay between Goals 3 and 10, emphasizing the importance of tackling health needs, health coverage and health inequalities in tandem with economic inequality, and to ensure sufficient and equitable public financing for the Goals.

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[12] Oxfam (2014) op.cit.
[13] CESR (2016). Switzerland Factsheet. http://www.cesr.org/switzerland-factsheet
[14] For more on financing, see CESR publications *From Disparity to Dignity*, *A Post-2015 Fiscal Revolution*, or chapter in 2017 *Spotlight Report,* 'Squeezing the State: corporate influence over tax policy and the repercussions for national or global inequality'.
[15] For more detailed proposals on accountability, see CESR & OHCHR *Who will be Accountable?*, CESR, *Seeking Accountability for Women's Rights Through the SDGs*, and Paul Hunt on independent review for Goal 3 https://www.hhrjournal.org/2015/09/sdg-series-sdgs-and-the-importance-of-formal-independent-review-an-opportunity-for-health-to-lead-the-way/
[16] See CESR, The Measure of Progress
[17] Special Rapporteur on the right to health, Report on the right to health and Agenda 2030 (2016), A/71/304