IMPLEMENTATION OF THE SUSTAINABLE DEVELOPMENT GOALS
IN THE REGION OF THE AMERICAS

Introduction

1. The Sustainable Development Goals (SDGs) have been designed as a framework to guide global development, building upon the achievements of the Millennium Development Goals (MDGs) while simultaneously calling for a stronger global commitment to sustainable development over the next fifteen years (1). The SDGs are well aligned with the Pan American Health Organization’s (PAHO) Strategic Plan 2014-2019 (2), which emphasizes equity as a means to achieve better health and long-term development. The framing of the SDGs, accompanied by the call for strengthened global partnerships and improved capacity-building, reflects the recognition that sustainable development requires significant investment in intersectoral action. Although only one of the 17 SDGs focuses specifically on health, the agenda identifies health as inherent to the achievement of all SDGs and as indispensable to the process of developing a more sustainable and equitable world. The SDGs also create many opportunities for health-enabling policies and for numerous partnerships within and outside the health sector.

Background

2. The SDGs were conceptualized as a renewed commitment on the part of all United Nations (UN) Member States to pursue economic, social, and environmental development in a sustainable and equitable manner. The principles that informed the 2012 UN Conference on Sustainable Development, known as Rio+20, were influential in guiding international opinion as to the ways in which the current and archetypal approach to development should change. The outcome document from that conference, “The Future We Want” (3), emphasized the importance of equity and the interdependent nature of development progress in every sphere.
3. As a result, coordinating bodies agreed early in the SDGs drafting process to design an agenda that would be both inclusive and authentic, one that would reflect and respect the varying needs, priorities, and circumstances of committed countries. Led by the Open Working Group on Sustainable Development Goals, the process incorporated several layers of participation by civil society and intergovernmental institutions, as well as multilateral negotiations that included the views of Member States.

4. In September 2015, the 2030 Agenda for Sustainable Development was approved by the United Nations General Assembly in New York. This set the stage for the SDGs to take the place of the MDGs as a core agreement guiding international development, starting in January 2016. The 17 SDGs include 169 targets. This has prompted comments from Member States and civil society alike that rigorous indicators will be critical if the goals are to be implemented effectively and countries and other responsible agencies held accountable.

5. Toward this end, the Inter-agency and Expert Group on SDG Indicators (IAEG-SDGs) was held from 30 March to 1 April 2016 in Mexico City. The objectives of this meeting were to establish a tier system for indicators, along with procedures for the methodological review of indicators; to develop global reporting mechanisms; and to discuss the work plan and next steps.

Update on Progress Achieved

6. A roundtable discussion to determine the role of PAHO and its approach to the implementation of the post-2015 agenda for sustainable development was organized at PAHO’s 53rd Directing Council, held in October 2014 (4). In the context of the roundtable deliberations, Member States requested a concept paper outlining how to achieve the SDGs and a document “comparing the targets and indicators of the proposed SDGs with the targets and indicators of the Strategic Plan 2014-2019, the Health Agenda for the Americas, and the current mandates of PAHO.”

7. In response to Member States’ requests, PAHO prepared a publication entitled “Preparing the Region of the Americas to Achieve the Sustainable Development Goal on Health” (5). This document was a unique effort by PAHO to support implementation of the SDGs, specifically SDG 3 (Ensure healthy lives and promote well-being for all at all ages). It provides a cross-reference between SDG 3 and the existing programmatic and technical resources available at PAHO and in-country. The document also facilitates intersectoral dialogue and underlines the challenges that the Region, subregions, and countries of the Americas will face in the process of implementing the SDGs.

8. Member States also called upon PAHO to assist in implementation of the health responsibilities of the SDGs agenda and to promote multisectoral approaches to effectively engage other sectors. In response, PAHO adopted the regional Plan of Action on Health in All Policies (HiAP) (6) and drafted a White Paper that offers opportunities for HiAP implementation at the local level (7). An expert consultation on the
implementation of the regional Plan of Action on HiAP was also convened; its specific recommendations for concrete actions will be outlined in a forthcoming roadmap for the Plan of Action on Health in All Policies. The subsequent establishment of the Task Force and Working Group on HiAP and the SDGs led to development of a Reference Note and Work Plan (8). Both make recommendations to capitalize on synergies between the SDGs and HiAP agendas, build capacity among government bodies and relevant nongovernmental organizations, and engage with stakeholders across the spectrum of sustainable development.

9. PAHO has conducted various national consultations to further enhance the capacities of the PAHO/WHO Representative Offices, health ministries, and other public institutions to achieve the SDGs. At a regional consultation in Medellin, Colombia, in November 2015, PAHO and country representatives discussed programmatic and technical resources. Approximately 50 technical officers representing about 20 countries of the Region participated in this consultation. A core recommendation that emerged from the discussions was that each country should provide information on its preparedness to engage in the SDGs process, making special reference to the programs, actions, technical materials, and human resources available in the country to support achievement of the SDGs agenda.

10. So far, eight countries have presented their reports: Argentina, Barbados, Colombia, Ecuador, Guatemala, Guyana, Honduras, and Paraguay. Others are in the drafting process. Overall, the reports reflect the message expressed during the consultation: that the countries are on board with the SDGs process and are willing to commit time and resources to its achievement. Most of the SDGs are in accord with PAHO’s mandates and plans of action, as described in the publication “Preparing the Region of the Americas to Achieve the Sustainable Development Goal on Health” (5), and countries usually translate these regional plans to the country level. Some countries have identified a direct link between specific SDG targets, PAHO’s Strategic Plan indicators, and the country’s indicators (as per country reports received by the Pan American Sanitary Bureau). However, other countries have implied that some SDG topics, such as mental health, remain uncovered or only partially covered by PAHO and/or country indicators.

11. An additional consultation to discuss how best to strengthen regional capacity for the actual implementation of the SDGs across the Region was held in conjunction with the Sustainable Development Solutions Network and FIOCRUZ, a PAHO/WHO Collaborating Center in Brazil. Both consultations also served as platforms to share national experiences related to the achievement of SDG targets related directly or indirectly to health.

12. PAHO has also developed a comprehensive series of internal resources for understanding, implementing, and evaluating progress toward the SDGs. These materials, including briefing documents, background materials, and slides for presentation to external partners, are available to all Pan American Sanitary Bureau (PASB) staff. They
will form an important part of PAHO’s capacity as an institution to support achievement of the SDGs and implement its communication strategy.

13. Given that substantial interagency collaboration will be needed to effectively implement the highly interdependent SDGs, the Organization of American States (OAS) and PAHO established an informal working group in September 2015. Based on the close links between health equity and underlying determinants of health outside the scope of the health sector, the working group will identify preliminary joint actions focused on the SDGs and their targets. Working over a period of five years, from February 2016 to February 2021, the group will promote synergies and cooperation to establish a broader interagency alliance on the SDGs approach in the Region. Potential partners to the OAS-PAHO working group are other inter-American and UN system agencies, including the Economic Commission for Latin America and the Caribbean (ECLAC), the United Nations Development Programme in Latin America and the Caribbean (UNDP-LAC). There is also a role for champion countries.

**Action Necessary to Improve the Situation**

14. The SDGs implementation process represents a unique opportunity for governments to renew their commitments to public health. Recognizing, and working to optimize, multisectoral synergies will be an essential step toward effectively fulfilling the highly interdependent SDGs.

15. Member States must actively advocate for and engage in the SDGs agenda to achieve SDG targets related directly and indirectly to health. Efforts should capitalize on the many opportunities to work across sectors on the health-related aspects of other SDGs, while maintaining SDG 3 as a priority.

16. A regional network and official platform to continuously share and cross-reference national experiences with SDG targets and implementation will greatly promote the exchange of knowledge related to sustainable development and health equity.

**Action by the Directing Council**

17. The Directing Council is invited to take note of this report and make recommendations that it considers relevant.

**References**


