Achieving Health for All
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Acting on the principles of primary health care (PHC) stated at the Alma-Ata Conference in 1978 will further the Sustainable Development Goals (SDGs) of 2015. The SDGs are seventeen targets covering social development, the environment, and economic progress (United Nations 2015). Reaching the SDGs depends on recognizing the interconnectedness of different sectors. Responsibility for achievement of the SDGs lies with national governments and global stakeholders across the world, and will require multisectoral partnerships to achieve change (United Nations 2015).

The Alma-Ata Declaration called for multisectoral, community-engaged responses to locally defined challenges that remain at the core of public health practice. The term primary health care, which continues to define the legacy of Alma-Ata, refers to the combined realization of accessible primary (medical) care services and multisectoral public health practice. This chapter details the importance of strengthening public health practice at the national and district levels because strong public health practice supports all of the SDGs—not just the health-related goals. This chapter reviews evidence linking progress on improving public health practice worldwide as called for in the Alma-Ata Declaration with achievement of the SDGs.

Drawing on evidence from around the world, this chapter documents how strengthening the public health component of PHC can create stronger communities and healthier environments in support of each of the SDGs.
Introduction

In 2015, the United Nations General Assembly adopted a resolution called “Transforming Our World: The 2030 Agenda for Sustainable Development” (United Nations 2015). The new framework for development outlined seventeen universal goals with 169 targets crossing three main domains: social development, the environment, and economic progress (GBD 2015 SDG Collaborators 2016; Gostin and Friedman 2015; United Nations 2015). As compared to the Millennium Development Goals (MDGs), the SDGs are substantially broader and seek to align efforts in all policies to attain goals that expand on the MDG agenda to accelerate global progress in achieving a singular strategy for a healthier people and planet (Gostin and Friedman 2015).

This chapter first describes the SDGs and then defines public health and the essential public health functions (EPHFs) as nonnegotiable features of PHC. The articles of the Alma-Ata Declaration described a vision of PHC that entailed an evidence-based, data-driven, multisectoral response to community-engaged problem-solving. The public health profession has historically developed a code of practice to do exactly that. Over the past several decades, the profession has repeatedly defined a set of EPHFs that flesh out executable details of the vision of PHC outlined by the Alma-Ata Declaration.

The chapter then shows how PHC’s public health arm contributes to the specific SDG indicators across the seventeen goals and explains how a focus on improving PHC’s public health contribution creates a framework for achievement of these indicators. We describe a path forward to achieve not only the health indicators outlined by the SDGs but also for improved partnerships and multisector action to achieve all SDGs.

Overview of Sustainable Development Goals, Primary Health Care, and Essential Public Health Functions

A key element of “development” is the ability of a society to identify and solve collective problems. The concept of development underlying the SDGs requires that multiple sectors work together to carry out cycles of monitoring, reviewing, and acting to solve problems facing both nations and people.
Brief Summary of SDGs

The SDGs aim for progress in three domains: social, environmental, and economic development. As shown in figure 5.1, the SDGs are concerned with the interconnectedness of development efforts across these domains, as well as a human rights and equity lens that overlays each of these areas. Figure 5.1 lists these goals at a very high level. They are listed in more detail in the first column of table 5.1 (United Nations 2015).

Primary Health Care Depends on Essential Public Health Functions

The Institute of Medicine (2013) defines public health as “what we as a society do collectively to assure the conditions in which people can be healthy” (xi). PHC as defined in the Alma-Ata Declaration aspires to achieve the exact same goal through collective activity. The EPHFs define a core set of activities that should be carried out in every community. These core activities are carried out by entire systems and involve a variety of public and private health providers, nongovernmental organizations (NGOs), and government officials from health, education, public works, law enforcement, and social services. The multisectorality and inclusivity stem from the orientation of public health to address upstream root causes of poor health. The population-level focus was embodied in the full articulation of PHC at the Alma-Ata Conference. In 2016, World Health Assembly Resolution 69.1 called for United Nations member states to strengthen public health governance through increased public health capacity and focus on the delivery of the EPHFs.
EPHFs are the activities that governments and their people need to undertake to create healthy communities. They protect populations from disease, injury, and environmental threats, and are the cornerstone of health systems’ ability to promote health and prevent illness. EPHFs provide the framework through which populations are protected from illness and injury, provided with sanitary and safe living conditions, and given the knowledge necessary to maintain optimal health. When public health is done well, nobody notices because health crises do not occur. When public health is poorly performed, common problems include the following:

- epidemics go undetected and unchecked,
- communities resist healthy behaviors,
- sanitary laws are not enforced,
- safety is compromised, and
- hospitals and clinical services do not maintain quality and access.

The whole health system is compromised when public health is not sufficiently carried out, creating a burden on hospitals and clinics, and threatening the health and well-being of communities.

While lists of EPHFs vary slightly by region, one set of EPHFs, according to J. M. Martin-Moreno and colleagues (2016), appears as follows:

**Assessment Functions**
1. Monitoring Health Status to Identify Community Health Problems
2. Diagnose and Investigate Health Problems and Health Hazards in the Community

**Policy Development and Multi-Sector Action Functions**
3. Inform, Educate, and Empower People about Health Issues
4. Develop Policies and Plans That Support Individual and Community Health Efforts
5. Mobilize Community Partnerships to Identify and Solve Health Problems

**Assurance Functions**
6. Enforce Laws and Regulations That Protect Health and Ensure Safety
7. Link People to Personal Health Services
8. Assure a Competent Health Workforce
9. Evaluate and Assure Effectiveness, Accessibility, and Quality of Preventive Health Services
10. Research for New Insights and Innovative Solutions to Health Problems
11. Disaster Preparedness
Together, the EPHFs support the multi-stakeholder cycle of “assessment, policy development, assurance.” Progress on the SDGs requires public health units to work with communities to collect data, develop policy responses, and convene multiple groups and agencies to respond to identified health challenges. The assessment functions are monitoring and surveillance functions that provide information necessary for carrying out health assessments; preparing for epidemic and disaster warning systems, planning policy and intervention, and resource allocation; and measuring progress. The policy development functions cover concepts of coordinated actions to support and protect health, as well as partnerships for identification and remediation of health problems. These are cornerstone activities for action on the SDGs (Martin-Moreno et al. 2016). The remaining assurance functions represent action functions necessary to carry out public health practice.

The Role of Public Health and Primary Health Care in Achieving Sustainable Development Goals

At the core of public health practice are functions that represent the actions necessary for all SDGs to be achieved, including data collection for informing action, creating policy, convening communities and stakeholders across sectors to address issues, and enabling functions that ensure the effectiveness of public health actions across communities. When performed together, the package of EPHFs become a platform for improvements in health as well as environmental and social development.

However, while the monitoring and surveillance and enabling of functions carried out by public health departments are important, the element of public health practice most relevant to sustainable development is really the policy development component.

Participatory Policy Development

The Alma-Ata Declaration called for multisectoral, community-engaged responses to locally defined challenges. Rising to this challenge, many public health practitioners have set out to convene and enable communities. The EPHFs listed under the heading “Policy Development” describe the critical actions needed to create the community platforms from which the SDGs can be achieved. Simply tracking health-related data and threats does not change outcomes. Political support to address public health problems arises differ-
ently in different contexts. Convening affected communities and political stakeholders to make use of data can help them achieve shared understanding, which can lead to coherent action in many settings. The link between the policy development functions and progress toward SDGs is highlighted in the following section.

**Form, Educate, and Empower People about Health Issues**

The importance of health promotion to support health, well-being, and equity has long been recognized, and is prominent in the Alma-Ata Declaration, the Ottawa Charter, the Commission on Social Determinants, and many other global health movements (World Health Organization 1978; Commission on Social Determinants of Health 2008; Lawn et al. 2008; Rohde et al. 2008). Research linking health promotion activities to health outcomes, reductions in domestic violence, and improved nutrition demonstrates the importance of health promotion in the achievement of many of the SDGs (International Union for Health Promotion and Education 2000; Gilson et al. 2007). More specifically, health promotion programs improve health- and non-health-related indicators across the human life course. Past studies have shown:

1. In early childhood: Health promotion can help prevent neonatal deaths in developing countries and may help improve health behaviors, prevent tobacco use, and reduce injuries later in life. Community-level health promotion interventions targeted at young children can also improve long-term mental health outcomes (Guyer et al. 2009; Gogia and Sachdev 2010; Petersen et al. 2016).
2. In childhood: Health promotion programs can improve children’s amount of physical fitness and healthy nutrition, as well as lower smoking rates and the incidence of being bullied (Langford 2015). Health promotion programs based in schools have also been shown to improve mental health outcomes (Petersen et al. 2016).
3. In adolescence: Health promotion programs that include community and multisectoral approaches to improving adolescent health can result in improved sexual health, reduced incidence of being bullied, fewer teen pregnancies, and improved school attendance (International Union for Health Promotion and Education 2000; Shackleton et al. 2016).
4. In adulthood: Health promotion interventions in the workplace can impact physical activity, dietary behavior, and healthy weight, as well as absenteeism, sick leave, and mental health outcomes (Kaspin et al. 2016).
Community health promotion programs can improve heart health and diet quality, and reduce injury-related morbidity and deaths (International Union for Health Promotion and Education 2000).

5. In old age: Health promotion programs can improve the ability of the elderly to self-manage their health and improve their well-being (Goetzel et al. 2007).

**Developing Policies and Plans That Support Individual and Community Health Efforts**

While public health actions such as health promotion and policy development are often thought to be focused only on the health sector, execution of these public health functions has been the basis for multisectoral action for decades, given the significant role that other sectors play in contributing to health (World Health Organization 2013a, 2013c). Policies to alter the con-

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**Case Study: Health Promotion**

One example of how health promotion initiatives from the health sector can lead to improvements in multiple other areas of development is a case study from India, where, starting in 1992, the All India Institute of Hygiene and Public Health worked with the World Health Organization to gather data on human immunodeficiency virus (HIV) prevalence among sex workers and promote treatment, condom promotion, and health education in this population. As public health workers began working closely with women to promote health and improved hygiene practices, it became evident that changing health outcomes would also require a broader approach that addressed education, social contexts, and human rights activism. Subsequently, the program, called the Sonagachi HIV/AIDS Intervention Project (SHIP), launched a multisector approach to addressing the needs of sex workers by implementing interventions such as vaccination and treatment of services for children of sex workers, literacy classes, political activism for workers’ rights, advocacy action with political leaders and law enforcement, community mobilization, microcredit schemes, and cultural programs. The sex workers were able to create their own membership organization, the Durbar Mahila Samanwaya Committee, and successfully improved occupational health standards for sex workers, upgraded living conditions and literacy rates, and reduced rates of HIV infections and rates of sexually transmitted infections in Sonagachi. The SHIP organization expanded to include forty red light districts across West Bengal. This demonstrates how health promotion can lead to multisector actions and policies. Plans that cross sectors improve social and economic conditions along with health outcomes (Durbar Mahila Samanwaya Committee Theory and Action for Health Research Team 2007).
tribution of the social determinants of health cannot be addressed by the health sector alone (Commission on Social Determinants of Health 2008; Bert et al. 2015).

The Health in All Policies (HiAP) approach asks multiple sectors of government to seek and find synergy and complementarity in their goals. All government sectors are designed to promote well-being of the population, and well-being includes many facets beyond health. Rather than stipulate that health goals supersede all other interests, HiAP asks for cooperation to find areas of complementarity and to avoid creating policies with harmful human impact (World Health Organization 2013c). The HiAP approach has been widely used in various contexts, with many examples of initiatives demonstrating the effectiveness of this approach (World Health Organization 2011a, 2013a, 2013c, 2014a; Perrier and Shankardass 2011; Howard and Gunther 2012; Kickbusch and Gleicher 2012; McQueen et al. 2012; Rudolph et al. 2013). Some impactful examples of the HiAP approach include reductions in fatal road crashes in Sweden, progress on environmental issues, lower tobacco use and related mortality in Brazil, and improvements in the structural environments that support improved fitness and nutrition in Mexico, among others (World Health Organization 2011b, 2014a).

Public health’s facilitation of HiAP creates partnership platforms from which the SDGs can be addressed, which fulfills SDG 17. These partnerships also address the root causes of health that relate directly to the other SDGs, ranging from hunger and poverty to sustainable development and healthy environments. Public health can play a critical role of convening and participating in multisectoral partnerships for development of policies that maximize the likelihood of achieving health- and non-health-related SDGs.

Mobilize Community Partnerships to Identify and Solve Health Problems

The HiAP approach provides a platform by which communities can begin to address the complex, interconnected nature of the SDGs; however, the implementation of such approaches often relies on community trust, organization, and mobilization to effect change. One of the key public health functions is the engagement and mobilization of community platforms for health, which are the partnerships formed with communities and other stakeholders in order to assess and assure population health (Sherry et al. 2017). These community platforms adapt interventions to the local context and execute their delivery so that the community is engaged and the actions are community centered (Sherry et al. 2017).
Literature on community platforms for health shows that building platforms for community participation and mobilization can lead to improved outcomes across a range of health and development outcomes (Rifkin 1996, 2014; McCoy et al. 2012; Kenny et al. 2013; Edmunds and Albritton 2015; George et al. 2015). Community participation in health improves health knowledge, service quality, and health-related outcomes in communities (Russell et al. 2008; Kenny et al. 2013). Best practices in community engagement include power sharing, collaborative partnerships, bidirectional learning, and the use of multicultural health workers for intervention delivery (Cyril et al. 2015). Public health policies that pursue these partnerships will build trust within communities (Blas et al. 2008). Communities that trust their leaders and one another are the foundation of sustainable development.

Evidence for the impact of mobilizing communities to address health and its social determinants generally covers multiple pathways to community engagement (Rifkin 1996; Draper et al. 2010; UKAID and DFID Human Resource Development Centre 2011; Meier et al. 2012; Kenny et al. 2013; Tiwari et al. 2014; Beracochea 2015; George et al. 2015). Studies show that

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**Case Study: Health in All Policies**

In 2009, the Ecuadorian National Plan for Good Living (NPGL) was developed in an effort to coordinate across sectors to build policies, strategies, and programs that included a rights-based, social justice-oriented perspective for social policy (Pan American Health Organization 2015). The NPGL defined health broadly and focused on a social determinants of health approach to set goals organized through the Development Coordinating Ministry, which oversees the Ministries of Health, Labor, Education, Inclusion, Migration, and Housing (World Health Organization 2014). Based on the National Development Plan that served as the road map for development and implementation of social policies, regional and local governments were able to develop their own plans, tailored to meet local needs. Between 2006 and 2011, when the program was implemented, income inequality fell 12% and social investment increased two and a half times. Sanitation improved, with the proportion of urban households with toilets and sewer systems increasing by 7% and improvements in rural households with access to waste collection increasing from 22% to 37% (Pan American Health Organization 2015). Further, investments in justice-related initiatives increased fifteenfold, public investment and credits for agriculture doubled, and medical consultations in health services increased (Pan American Health Organization 2015). Overall, health and development indicators related to multiple Sustainable Development Goals improved as the result of a Health in All Policies approach to creating healthier living environments.
convening community platforms can improve a range of health outcomes, improve institutional trust, and enhance effectiveness of policies and interventions (McCoy et al. 2012; Lassi and Bhutta 2015; Jack et al. 2017). Community platforms are the vehicle by which the policies and interventions designed to achieve development goals are customized to local context and adopted by communities.

**Linking Policy Development Functions of Public Health to Sustainable Development Goals**

The participatory policy development component of public health can contribute to the achievement of both health- and non-health-specific SDGs. The following lists examples of supporting literature for the effects of health pro-

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**Case Study: Mobilizing Communities**

Achieving the Sustainable Development Goals (SDGs) requires partnership across multiple sectors and necessitates the need for strong community platforms for achievement of health and social gains. One example of how community platforms for health and development can translate Health in All Policies (HiAP) approaches into action at the local level was the experience of the Gerbangmas movement in Lumajang district in East Java, Indonesia. Starting in 2005, the district health office of the Lumajang district created “enriched health posts,” which were designed to promote community education, empowerment, and services related to health issues as well as education (World Health Organization 2011). Because of the initial success of these health posts, the district health office expanded the posts to become platforms for communities, public health, and other government sectors to work together to achieve twenty-one indicators crossing health, development, and economic priorities (Commission on Social Determinants of Health 2008).

The Gerbangmas movement relied on community volunteers to conduct needs assessments, discuss problems in the community, create action plans for health, and monitor and evaluate activities, with the support and partnership of the district health office, religious institutions, and other government sectors such as industry and trade, public works, and agriculture (Blass et al. 2008; Siswanto 2009). In 2011, the program was relaunched to address newly defined indicators and aimed to focus beyond public health to issues such as the environment, the role of women, and economic development. The precedent set by the Gerbangmas movement continues to inform policy and development in Indonesia (Nugroho 2016; Sururi 2013).

The Gerbangmas movement led to improvements across fourteen indicators for human development, one indicator for the economy, and six indicators for the household environment, and serves as an example of how public health leadership to engage and mobilize partnerships with other sectors can help achieve the SDGs (Commission on Social Determinants of Health 2008).
motion, policy development, and community engagement efforts on non-
health-specific SDGs.

- **SDG 2 (zero hunger):** Studies of community-based food and nutrition programs found that highly visible and persuasive educational campaigns related to nutrition and food security, combined with multisectoral community engagement, successfully improved a variety of nutritional indicators (International Union for Health Promotion and Education 2000; Ismail et al. 2003; Tontisirin and Bhattacharjee 2008).

- **SDG 4 (quality education):** School-based health promotion programs, in particular those that engage with communities, have shown positive effects in reducing body mass index, smoking, and incidence of being bullied, as well as increasing physical activity, fitness, and fruit and vegetable intake among children and adolescents: outcomes that may lead to better attendance and school performance (International Union for Health Promotion and Education 2000; Beets et al. 2009; Li et al. 2011; Langford et al. 2015).

- **SDG 5 (gender equality):** Health promotion programs, in particular, those that engage with schools and communities and include interventions such as economic incentives, can reduce teenage pregnancy, bullying and victimization, and incidence of adolescent marriages, and improve sexual health outcomes: all factors that help keep women in school and improve gender equality indicators (International Union for Health Promotion and Education 2000; Shackleton et al. 2016).

- **SDG 8 (working conditions and economic growth):** Several reviews show that workplace health promotion interventions, in particular, when coupled with additional occupational health and safety approaches, can improve physical health and health behaviors as well as psychosocial outcomes, and reduce injuries among workers (Rongen et al. 2013; Cooklin et al. 2016). Workplace health promotion reduces illness-related absenteeism, increases productivity and competitiveness, and is an important component of modern economic and industrial policy (International Union for Health Promotion and Education 2000).

- **SDG 10 (reducing inequalities):** Health promotion programs can narrow health disparities by addressing risks in vulnerable groups,
such as individuals with mental health challenges, at-risk youth, individuals with disabilities, and marginalized populations such as indigenous groups (Barry et al. 2013; Heller et al. 2014; McCalman et al. 2014; Petersen et al. 2016).

- **SDGs 11–13 (sustainable cities and communities, responsible consumption and production, and climate change):** Responsible stewardship of common-pool resources requires public health practices that promote shared understanding of the system’s interrelatedness (Ostrom et al. 1994). Community engagement to address the complexities of the animal-human ecosystem can have major implications for human health, especially in the face of climate change (Bowen and Ebi 2015). “One health” approaches relying on strong public health surveillance, policy, and partnerships with communities have improved outcomes ranging from human zoonotic disease burden to livestock illness to economic outcomes (Baum et al. 2017).

- **SDG 16 (peace, justice, and strong institutions):** Literature on health promotion, policy development, and community engagement shows that when these public health functions are strong, marginalized groups gain a voice, violence is reduced, working conditions become safer, women’s health and well-being can improve, educational opportunities can increase, hunger can diminish, and the sustainability of the environment can be addressed (Rifkin 1996, 2014; International Union for Health Promotion and Education 2000; Ismail et al. 2003; Commission on Social Determinants of Health 2008; Tontisirin and Bhattacharjee 2008; Beets et al. 2009; Li et al. 2011; World Health Organization 2011b, 2014a; McCoy et al. 2012; Barry et al. 2013; Institute of Medicine 2013; Kenny et al. 2013; Rongen et al. 2013; Heller et al. 2014; McCalman et al. 2014; Bowen and Ebi 2015; Edmunds and Albritton 2015; George et al. 2015; Langford et al. 2015; Newman et al. 2015; Cooklin et al. 2016; Petersen et al. 2016; Shackleton et al. 2016).

- **SDG 17 (partnerships for the goals):** Public health functions related to community mobilization and policy development across sectors represent partnerships for sustainable development (Gilson et al. 2007). These functions embody the targets of SDG 17.
Monitoring and Assuring Functions

Monitoring and assuring functions that enable and execute policies, programs, and systems designed also contribute to community well-being in an essential way. Evidence for each of these EPHFs has important implications for achieving health- and non-health-related SDGs.

Surveillance and Monitoring

In order to facilitate success in carrying out policy development functions as described earlier, monitoring and surveillance must also be performed. Collection of data is recognized as a central tenet of achieving the 2030 Sustainable Development agenda, not only for monitoring the SDGs but also for driving action (Durand 2015). The surveillance and monitoring functions ensure that the data needed for measurement of health status, quality of life, health inequalities, disease burden (including infectious disease warnings), and the social and environmental determinants of health that contribute to health outcomes across communities are captured and monitored over time. Surveillance and monitoring systems created and maintained by public health departments provide the information needed for quantifying and tracking the magnitude of threats to health that cross many of the SDGs. Data are typically gathered locally at the community and facility levels but can be aggregated at district, state, and national levels to track SDG progress (Thomas et al. 2016). Measurement and monitoring systems are the basis for measuring progress and developing action plans to achieve SDGs through carrying out policy development functions (World Health Organization 2015).

Surveillance systems built for health can be modified to collect and identify health threats across the range of SDGs, from bioterrorism risks to domestic violence incidents to climate change, in addition to tracking health-related outcomes such as maternal and child mortality. Improving surveillance systems to include measures for climate change, sustainability, water and sanitation, poverty, hunger, and disease information results in systems that can be actionable for both health- and non-health-related SDGs (Pan American Health Organization 2001; Bravata et al. 2004; South Africa Every Death Counts Writing Groups 2008; World Health Organization 2015; Moulton and Schramm 2017).

Assurance Functions of Public Health

The remaining EPHFs are those that enable and assure that policies, programs, and systems are effectively carried out and functioning in ways that
protect and ensure health. These functions include enforcement of laws and regulations that protect public health, ensuring equitable access to health services; guaranteeing a strong public health workforce and assuring effectiveness, accessibility, and quality of primary care and other preventive services. Evidence for each of these EPHFs has important implications for achieving health- and non-health-related SDGs.

More specifically, public health laws and regulations contribute to many SDGs by protecting the environment, ensuring industry regulation of pollutants, helping prevent morbidity and premature death, reducing injury-related morbidity and deaths, and also promoting sustainable environments, reducing violence, and creating safer neighborhoods (Wang et al. 2014; Slovic et al. 2015; Sabel et al. 2016). The SDG agenda specifically calls for universal health coverage (SDG 3.8) to achieve stronger health systems, and the actions needed to ensure equitable access to services contributes to this goal as well as to the achievement of non-health-specific SDG targets, from SDG 1 and 2 (no poverty and no hunger) to SDG 5 (gender equality), SDG 10 (reduced inequalities), and SDG 17 (partnerships for the goals) (Rantala et al. 2014; Baum et al. 2009). SDG 3c specifically focuses on substantially increasing the recruitment, development, training, and retention of the health workforce, and achievement of this target must include training a strong public health workforce; it cannot be limited to clinical context alone for the SDG agenda to be successful (Schmidt et al. 2015; World Health Organization 2014b). Public health departments that develop strong working relationships with personal health care service delivery organizations can improve resource efficiency in the delivery of preventive services, which contributes significantly to SDG 10 (reducing inequalities), in addition to SDG 3 (health and well-being for all) (Boelen 2000). Preparing for disasters is an assurance function with the potential to reduce impacts including morbidity, mortality, and damage resulting from disasters, and is critical to the achievement of SDGs ranging from 6 (clean water and sanitation) to 11 (sustainable cities and communities) to 16 (peace, justice, and strong institutions) (Norris et al. 2008; Gursky et al. 2012; Lumpkin et al. 2013; Gil-Rivas et al. 2016; Jha et al. 2016; Skryabina et al. 2017). Together, the assurance functions of public health are critical for success in policy development and mobilization of communities while also contributing to success in achieving many of the other SDGs.
Parallels and Overlap between the Sustainable Development Goals and Primary Health Care’s Public Health Contribution

The public health component of PHC is responsible for monitoring, reviewing, and facilitating action on the factors that affect health based on local epidemiology, capabilities, and political feasibility. Each one of the tasks of public health is represented in the seventeen SDGs. Public health practice requires partnerships to make progress on issues as complex as these. Its progress comes from connecting communities, NGOs, vertical health programs, and non-health-sector actors, such as development agencies, departments of transportation and urban planning, environmental agencies, and others that seek solutions for addressing the determinants of health (Centers for Disease Control and Prevention 2014; 69th World Health Assembly 2016; Martin-Moreno et al. 2016).

At a more granular level, we can enumerate the SDGs to show how public health can address each of them (table 5.1).

Differences between the Sustainable Development Goals and the Direct Responsibilities of Public Health

The SDGs are broad and cover many domains that are outside of public health’s direct realm of responsibility. While some SDGs explicitly address health goals, others that were not specifically related to health still have indicators that relate directly to the actions of public health. Some SDGs, such as SDG 4 ("Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all"), have no measures that are directly linked to health, per se (United Nations 2015). Nevertheless, public health still plays a role in these functions. For example, child health is a predictor of school attendance and educational opportunities; therefore, public health actions that improve child health and well-being can still lead to improvements in this SDG, even without measurement of health-specific indicators within this SDG (Suhrcke and de Paz Nieves 2011).

If PHC is functioning well in a community, there would be capacity in collecting epidemiological data on health and its determinants, and there would be efforts in building cross-community partnerships and offering advocacy for measures to protect human flourishing. A high-functioning public health department is integral to PHC and as such can be a valuable contributor to all SDGs, including those that are only secondarily related to health. One of the key messages of the SDG agenda is that multisector action
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<tr>
<th>SDG</th>
<th>How Better Public Health Practice Advances This Goal</th>
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<tbody>
<tr>
<td>1.  End poverty in all forms everywhere</td>
<td>Proper public health practice must convene a community—breaking down class barriers that perpetuate poverty.</td>
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<tr>
<td>2.  End hunger, achieve food security and improved nutrition, and promote sustainable agriculture</td>
<td>Public health has a proven track record of identifying food-insecure households and addressing root causes.</td>
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<tr>
<td>3.  Ensure healthy lives and promote well-being for all ages</td>
<td>Life course perspective taken by public health guides collection of data and policy formation to maximize health and well-being.</td>
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<tr>
<td>4.  Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all</td>
<td>Health influences learning outcomes and school attendance. Health promotion in communities and schools can help keep kids healthy to attend school and can help children develop healthier lifestyles.</td>
</tr>
<tr>
<td>5.  Achieve gender equality and empower all women and girls</td>
<td>Whole population perspective. Historically, public health actions taken on maternal and child health concerns evolve into inclusion and equality for women and girls.</td>
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<tr>
<td>6.  Ensure availability and sustainable management of water and sanitation for all</td>
<td>Ensuring safe water and sanitation are core services of public health.</td>
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<tr>
<td>7.  Ensure access to affordable, reliable, sustainable, and modern energy for all</td>
<td>Public health specialists have data and expertise to keep energy solutions environmentally sustainable.</td>
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<tr>
<td>8.  Promote sustained, inclusive, and sustainable economic growth, full and productive employment, and decent work for all</td>
<td>Public health expertise in occupational health and safety assures that workplaces are decent.</td>
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<tr>
<td>9.  Build resilient infrastructure, promote inclusive and sustainable industrialization, and foster innovation</td>
<td>Public health should be consulted as infrastructure and industry develop through a Health in All Policies approach to ensuring development efforts promote health and well-being in communities.</td>
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<tr>
<td>10. Reduce inequality within and among countries</td>
<td>Public health interventions use data to target those who are more vulnerable in order to reduce disparities.</td>
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<tr>
<td>11. Make cities and human settlements inclusive, safe, resilient, and sustainable</td>
<td>Cities without public health functions are uninhabitable. From controlling vermin to violence and involving residents in solutions, public health is key to “one health” solutions that address the intersection of animal human ecosystem health.</td>
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is essential to achievement of each of the goals. While each SDG does not explicitly call for public health action, empowering public health departments to collect data, convene partnerships, and mobilize communities to act creates a platform from which all SDGs can be strengthened.

This keystone role for public health in PHC was envisioned by the authors of the Alma-Ata Declaration. Article VII of the declaration stipulates that “primary health care reflects and evolves from the economic conditions and sociocultural and political characteristics of the country and its communities and is based on the application of the relevant results of social, biomedical and health services research and public health experience.” It demands the coordination of efforts across agriculture, animal husbandry, food, industry, education, housing, public works, communications, and other sectors. More-

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<tr>
<td>12. Ensure sustainable consumption and production patterns</td>
<td>Public health engages communities in understanding and addressing how sedentary lifestyles and overconsumption threaten health.</td>
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<tr>
<td>13. Take urgent action to combat climate change and its impacts</td>
<td>Public health experts help communities form and execute preparedness planning for extreme weather events unleashed by climate change.</td>
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<tr>
<td>14. Conserve and sustainably use the oceans, seas, and marine resources for sustainable development</td>
<td>Public health can educate communities on their role in ocean conservation and sustainability, and can address local human and environmental conflicts that undermine ocean conservation through convening communities for problem-solving and action.</td>
</tr>
<tr>
<td>15. Protect, restore, and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss</td>
<td>Public health convenes communities and creates platforms from which “One Health” initiatives that protect animals, humans, and the environment can be mobilized.</td>
</tr>
<tr>
<td>16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all, and build effective, accountable, and inclusive institutions at all levels</td>
<td>Because proper public health practice must build circles of inclusive community engagement, it uses a universally shared concern for health as a springboard for accountability in other sectors.</td>
</tr>
<tr>
<td>17. Strengthen the means of implementation and revitalize the global partnership for sustainable development</td>
<td>Public health community is a global platform for sharing best practices in implementing all of the aforementioned ways to achieve the SDGs.</td>
</tr>
</tbody>
</table>
over, the public health component of PHC promotes “maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care” (World Health Organization 1978, 2).

Conclusions: Linking Sustainable Development Goals to Public Health Improvement

The leaders who met in Alma-Ata in 1978 saw “health for all” as emerging from communities’ ability to continuously adapt to achieve harmonious co-existence of humans and their planet. Although the label primary health care might mislead some to think only of medical services, the detailed Alma-Ata goals are as large as the fullest aspirations of the authors of the SDGs. This chapter has fleshed out the details of PHC in terms of the EPHFs that were developed in the 1990s as a benchmarking system. The broad scope of public health practice allowed this chapter to show a point-by-point alignment between stronger public health practice and achieving each one of the seventeen SDGs.

The need for a focus on public health strengthening has never been greater. Achieving the SDG agenda, minimizing the harms of the next pandemic, and responding to a coming century of preventable noncommunicable diseases (NCDs) are all compelling reasons to make the public health workforce more capable. This chapter shows that while there may not be a global blueprint for achieving the SDGs, there is a way for each community to find local solutions to their own sustainable development by improving public health workers’ ability to perform each of the EPHFs. The public health workforce is already on site. They need to be coached toward recognizing and improving their performance as local conveners and leaders of sustainable development.

Ensuring that all people have access to high-quality public health practice-oriented services is essential to achieving the SDGs. Public health agencies, which are capable of collecting and using data to drive health promotion campaigns, are a basic necessity for improvements in health- and non-health-related indicators. The ability of public health units to convene communities and work collectively with other sectors to carry out health promotion and education campaigns, to develop HiAP approaches, and to create strong community platforms from which interventions can be delivered can significantly improve indicators that relate to both health- and non-health-specific SDGs (Rifkin 1996, 2014; International Union for Health Promotion and
Public health has the potential to improve indicators that cross each of the seventeen SDGs. There is a clear financial, as well as a moral, case for strengthening public health. Public health strengthening can prevent the expensive and growing burden of NCDs. As the medical sector grows, the expense of every case of illness grows and the savings from prevention get bigger every year. New financial arrangements have led to global cost-sharing of the financial burden of disease. Further, the threat of NCDs, which the World Health Organization estimates will account for 80% of global mortality by 2020, requires strong leadership by public health to deliver on EPHFs to impact determinants of NCDs (Mathers and Loncar 2006; World Health Organization 2013b).

Strengthening public health practice supplies communities, districts, and nations with critical capabilities needed for SDG attainment. Linking public health strengthening to SDGs allows for a clearer picture of the role strong public health systems can play in achieving development targets across sectors and provides support for the need to launch a new global strategy that empowers public health departments worldwide to deliver leadership in EPHFs in support of the SDG agenda.

REFERENCES (SEE PAGE 341 FOR FULL CITATIONS FOR BOXED TEXT)


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