

## Towards evidence-based, quantitative Sustainable Development Goals for 2030



The success of the Millennium Development Goals (MDGs)<sup>1</sup> on health has been due to their being easy to understand, ambitious, and achievable and, therefore, suitable for the purposes of advocacy and political mobilisation. The MDGs have brought quantitative targets and measurement of results—previously the domain of the scientific community—to centre stage for politicians worldwide. The three health MDGs (MDG 4, MDG 5, and MDG 6) have acted as a scorecard to measure progress on health, thus providing an empirical basis for the formulation of policy. For example, this scorecard has made it possible for Norwegian Prime Minister Erna Solberg and her colleagues in the MDG Advocacy Group to provide such strong advocacy for continued efforts to reach the MDGs before the deadline of 2015.

Work on the health MDGs has been based throughout on close collaboration between the scientific and political communities. Politicians have been able to convey documented progress towards the goals to the general public, and voters in both donor and recipient countries alike have been happy to support public funding for these efforts.

The world community is currently negotiating a new set of goals—the Sustainable Development Goals (SDGs)—for the post-2015 period. So far, 17 goals and 169 targets have been proposed by the Open Working Group.<sup>2</sup> For politicians this number of goals is far too many. To win popular support for a comprehensive and coordinated effort for development, the goals must be easy to communicate. With regard to health, we have faced the additional challenge of combining three goals into one SDG, with an attempt to put the whole range of health issues under one coherent goal. This process, in turn, has contributed to the present “shopping list” of 13 targets within the Open Working Group proposal for a goal on health (SDG 3): “ensure healthy lives and promote well-being for all at all ages”.

Of course, it is politics that led to such a long list of health targets in the first place, but ultimately it is politics that has to resolve this situation. Politicians have to set priorities. We need a more limited set of goals and targets that are ambitious, easy to understand, and realistic. Importantly, measurement of progress towards the goals and targets must also be possible. To this end, we need contributions from the scientific community.

One plausible way forward is shown in a *Lancet* study by Ole Norheim and colleagues<sup>3</sup> on quantification of the overarching 2030 SDG for health to avoid 40% of premature deaths in each country. In their review of mortality rates and trends in 25 countries, four country income groupings, and worldwide, Norheim and colleagues show that it is possible to consolidate targets in various areas, such as child health (MDG 4), maternal health (MDG 5), major infectious diseases (MDG 6), non-communicable diseases (NCDs), including mental health and injuries, and universal health coverage, under one universal and quantitative health goal. The simplicity of this approach is beautiful. Following this pattern, we could develop a tool to measure convergence in health globally, in line with the principle of universality to which we are all committed.

This approach seems to make sense from a scientific point of view as well. The proposal to set an overall indicator of avoiding 40% of premature deaths in each country is based on trends in mortality rates over the past 40 years and an estimate of what can be achieved by scaling up current cost-effective approaches. This quantification of a goal on health includes the major targets relating to MDGs 4, 5, and 6 and targets on NCDs proposed by the various communities, notably a 25% reduction in premature mortality from NCDs by 2025. This indicator is evidence based and ambitious

Published Online  
September 19, 2014  
[http://dx.doi.org/10.1016/S0140-6736\(14\)61654-8](http://dx.doi.org/10.1016/S0140-6736(14)61654-8)  
See Online/Articles  
[http://dx.doi.org/10.1016/S0140-6736\(14\)61591-9](http://dx.doi.org/10.1016/S0140-6736(14)61591-9)



Norwegian Prime Minister Erna Solberg at Nkhoma Nurse School, Malawi, July 2, 2014

yet achievable. It is, therefore, a good starting point for future political action and initiative.

Norheim and colleagues' study<sup>3</sup> shows what an important part science could play in the negotiations at the 69th Session of the UN General Assembly. We, therefore, strongly urge the medical community to consider the approach outlined by Norheim and colleagues<sup>3</sup> and develop a common position that can enable us to arrive at a single health SDG with a limited number of simple, understandable, and measurable targets. We would also welcome similar approaches for other SDGs by the relevant communities.

We believe that the health SDG could provide the key framework for global health and prosperity. In anticipation of this framework, Norway is already taking concrete action. First, we are taking steps to improve public health in Norway. Our aim is to reduce NCDs, including mental disorders, by 25% by 2025. Second, Norway is working together with partner nations, the UN Secretary-General Ban Ki-moon, and World Bank President Jim Yong Kim to develop financial frameworks both for the current MDGs and for the future SDGs. Third, Norway is actively promoting projects that focus on both education and health, reflecting the aim of the SDG agenda of realising synergies between sectors. Fourth, later in September, 2014, we will launch a national initiative called Vision 2030 to encourage researchers, commercial actors, civil society, and others

to produce innovative ideas that could play a part in achieving the education and health SDGs both in Norway and abroad. Finally, together with partners in global health, Norway will explore ways to accelerate the deployment of innovations that are currently in the pipeline, and how investments can be catalysed to harness these innovations for promoting global health in the longer term.<sup>4</sup>

With so much left to do in the field of global health, by scientists as well as politicians, there is no time to lose. It is, therefore, vital that we all take action now.

*\*Børge Brende, Bent Høie*

Ministry of Foreign Affairs, 0032 Oslo, Norway (BB); and Ministry of Health and Care Services, Oslo, Norway (BH)  
vegard.holmelid@mfa.no

BB is Norwegian Minister of Foreign Affairs. BH is Norwegian Minister of Health and Care Services.

Copyright © Brende et al. Open Access article distributed under the terms of CC BY-NC-ND.

- 1 UN. The Millennium Development Goals report 2013. New York: United Nations, 2013.
- 2 Sustainable Development Platform. Outcome Document—Open Working Group on Sustainable Development Goals. 2014. <http://sustainabledevelopment.un.org/focussdgs.html> (accessed Sept 11, 2014).
- 3 Norheim OF, Jha P, Admasu K, et al. Avoiding 40% of the premature deaths in each country, 2010–30: review of national mortality trends to help quantify the UN Sustainable Development Goal for health. *Lancet* 2014; published online Sept 19. [http://dx.doi.org/10.1016/S0140-6736\(14\)61591-9](http://dx.doi.org/10.1016/S0140-6736(14)61591-9).
- 4 Furtwangler T. Help us envision how innovation will change the world. *PATH blog*, Aug 27, 2014. <http://www.path.org/blog/2014/08/envision-innovation> (accessed Sept 12, 2014).