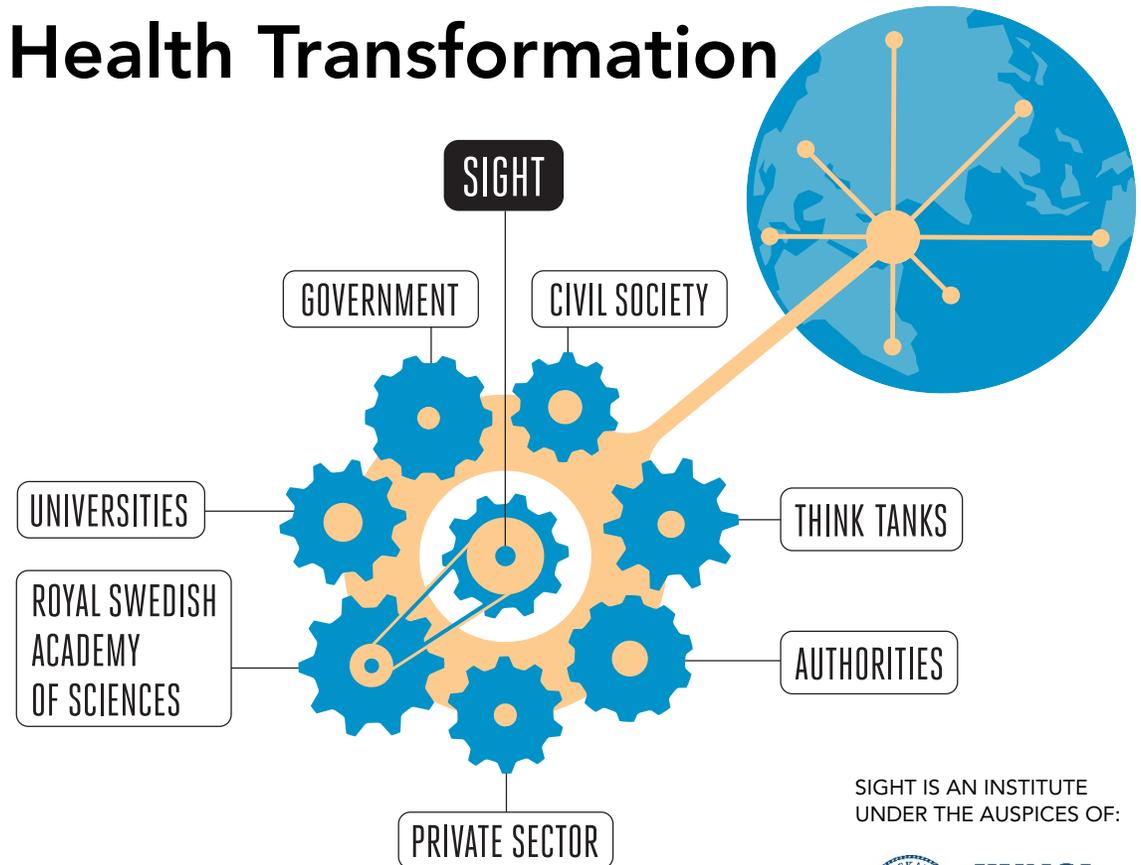


SIGHT

Swedish Institute for Global Health Transformation

The **purpose** of SIGHT is to promote an interdisciplinary approach, to strengthen and bridge Swedish research and education, and to provide a scientific basis for national and transnational collaborative policy work in the field of global health.



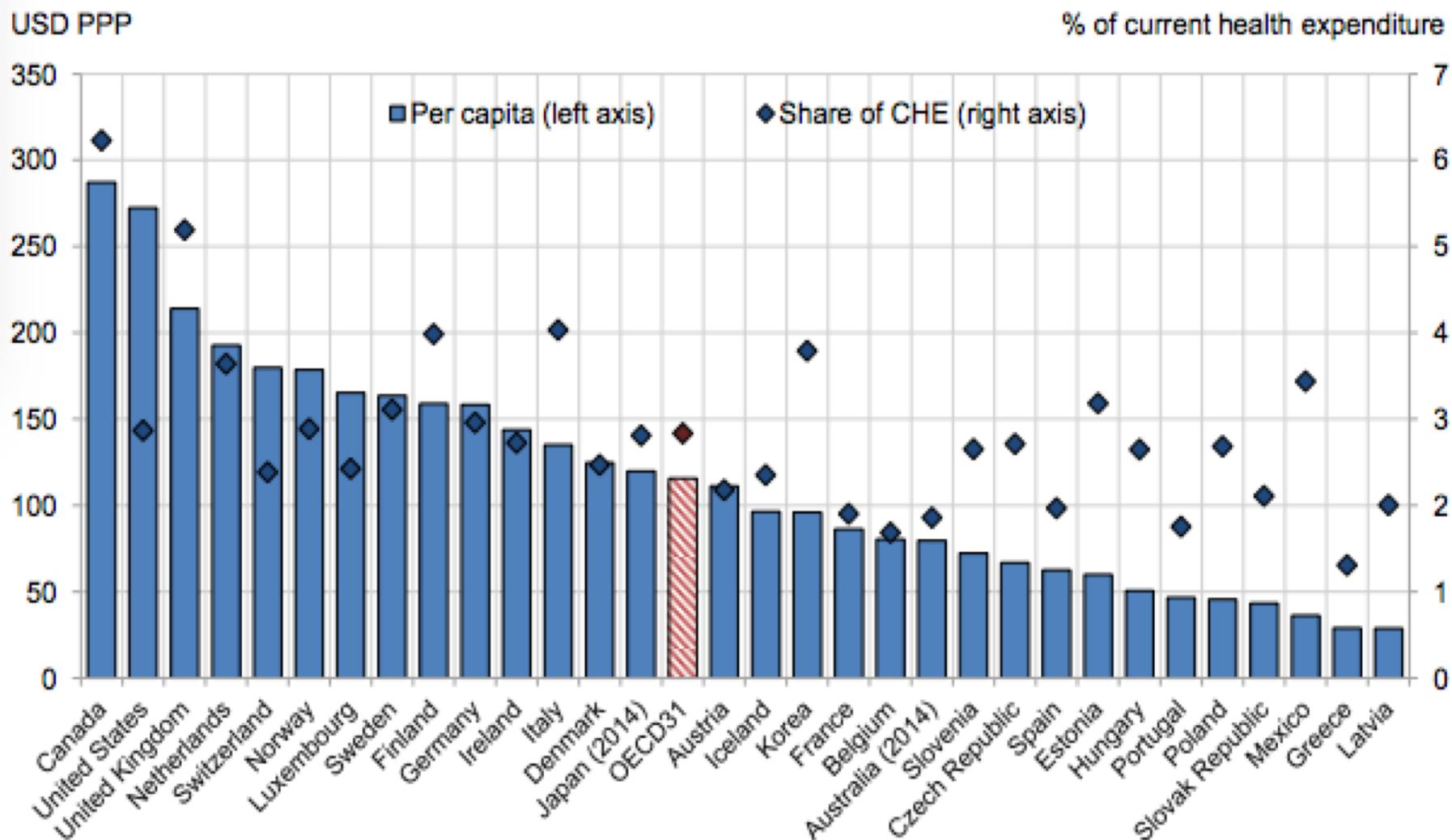
SIGHT IS AN INSTITUTE
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**KUNGL.
VETENSKAPS-
AKADEMIEN**

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Figure 3. Prevention expenditure per capita and as a share of current health expenditure, 2015



Source: OECD Health Statistics 2017.

Sveriges arbete med **global hälsa** – för genomförandet av Agenda 2030



SAMHÄLLSUTVECKLING

- Individens hälsa påverkas av dennes livsstil och den miljö som man lever i, s.k. bestämningsfaktorer för hälsa. Exempel på bestämningsfaktorer för hälsa är utbildning, arbetsvillkor, boende, sociala och ekonomiska förutsättningar, jämställdhet, tillgång till sjukvård, säkra livsmedel, matvanor, rent vatten och sanitet.
- Man kan bl.a. se att en låg utbildningsnivå är förknippad med sämre hälsa och kortare livslängd jämfört med genomsnittet.
- Idag lever mer än 50 procent av världens befolkning i städer och år 2050 visar prognoser att siffran kommer att uppgå till 70 procent.*
- Svenska studier gjorda i Göteborg, Malmö och Stockholm visar att invånare i resurssvaga svenska förorter dubbelt så ofta drabbas av hjärtinfarkt, depression, stroke och KOL än invånarna i rikare stadsdelar.**
- Klimatförändringarna påverkar förutsättningarna för att nå det övergripande målet för folkhälsopolitiken.

* WHO, UN Habitat, Global Report on Urban Health: equitable, healthier cities for sustainable development, 2016.
** Sahlgrenska Akademien, Göteborgs Universitet, 2014



LIVSLÄNGD

- Människor lever längre, i genomsnitt 72 år jämfört med 62 år för fyrtio år sedan.*
- Det finns en stor skillnad i medellivslängd mellan olika länder. Som högst är skillnaden 34 år. Medellivslängden i Japan är 84 år jämfört med Sierra Leone där man lever i genomsnitt i 50 år.*

* Statistics on Life Expectancy, The World Bank, 2018



RISKFaktorER

- Tobak dödar över än 7 miljoner personer varje år. Mer än 6 miljoner av dessa dödsfall är ett direkt resultat av rökning medan omkring 890 000 människor dör av passiv rökning.* Omkring 80 procent av 1,1 miljarder rökare lever i låg- och medelinkomstländer, där också bördan av tobaksrelaterade sjukdomar är störst.*
- Fysisk inaktivitet orsakar en fjärdedel av all bröst- och tjocktarmscancer, diabetes och hjärtsjukdomar.**
- Fetma har passerat undernäring som global riskfaktor och dödsorsak det senaste decenniet och ohälsosamma matvanor är sammantaget viktigast näst efter högt blodtryck.***
- Alkohol är, trots att hälften av jordens befolkning inte använder det, orsak till en tredjedel av den globala ohälsan och 11 procent av världens dödsfall.****
- Sverige har den näst lägsta trafikmortaliteten i hela världen men globalt sett är trafikolyckor den tionde vanligaste dödsorsaken och utgör stora samhällsproblem i många länder.*****
- Föreningar är en viktig orsak till ohälsa och förtidig död. Av världens totala dödsfall beror 16 procent på föreningar. 90 procent av alla dödsfall som relaterar till luftföreningar sker i låg- och medelinkomstländer. Samtidigt beräknas att 9 av 10 människor i världen andas hälsovådlig luft.*****
- Farliga kemikalier påverkar människors hälsa på många olika sätt. Vissa kemikalier kan ge upphov till akuta förgiftningar och dödsfall, andra ger effekter som uppträder många år efter exponeringen, t.ex. cancer eller påverkan på fortplantningen. Vissa ämnen kan föras över från mamman till foster vid graviditet och barn vid amning och påverka barnets utveckling.*****

*WHO report on the global tobacco epidemic 2017: Monitoring tobacco use and prevention policies
**WHO Key Facts on Physical Activity, 2018
***WHO Global Health Observatory data on Causes of Death, 2017
****WHO Global Status Report on Alcohol and Health, 2014
*****WHO Global Health Observatory data on Causes of Death, 2017
*****WHO Global Health Observatory data on Air Pollution, 2018
*****WHO Public health impact of chemicals: knowns and unknowns, 2016

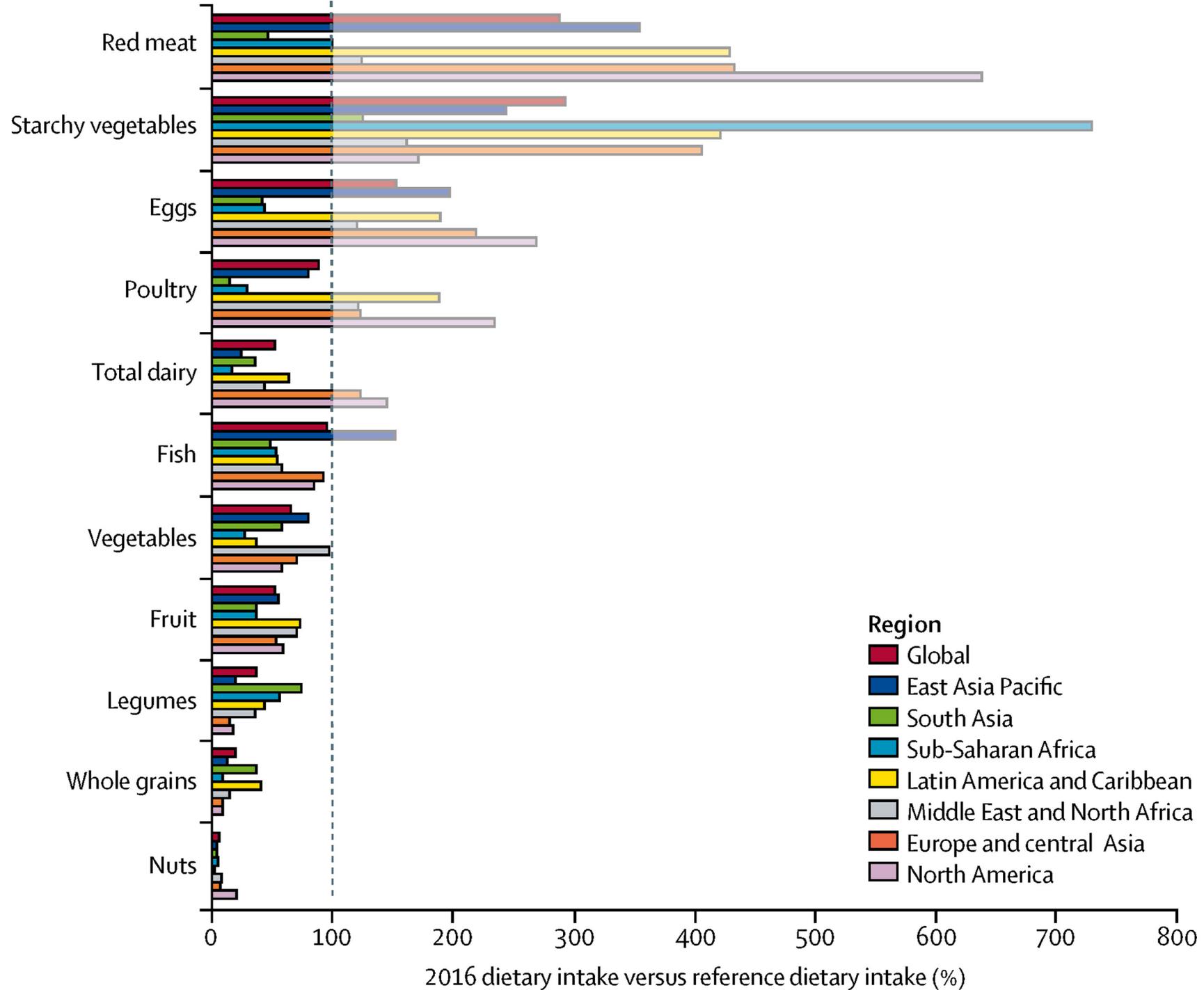
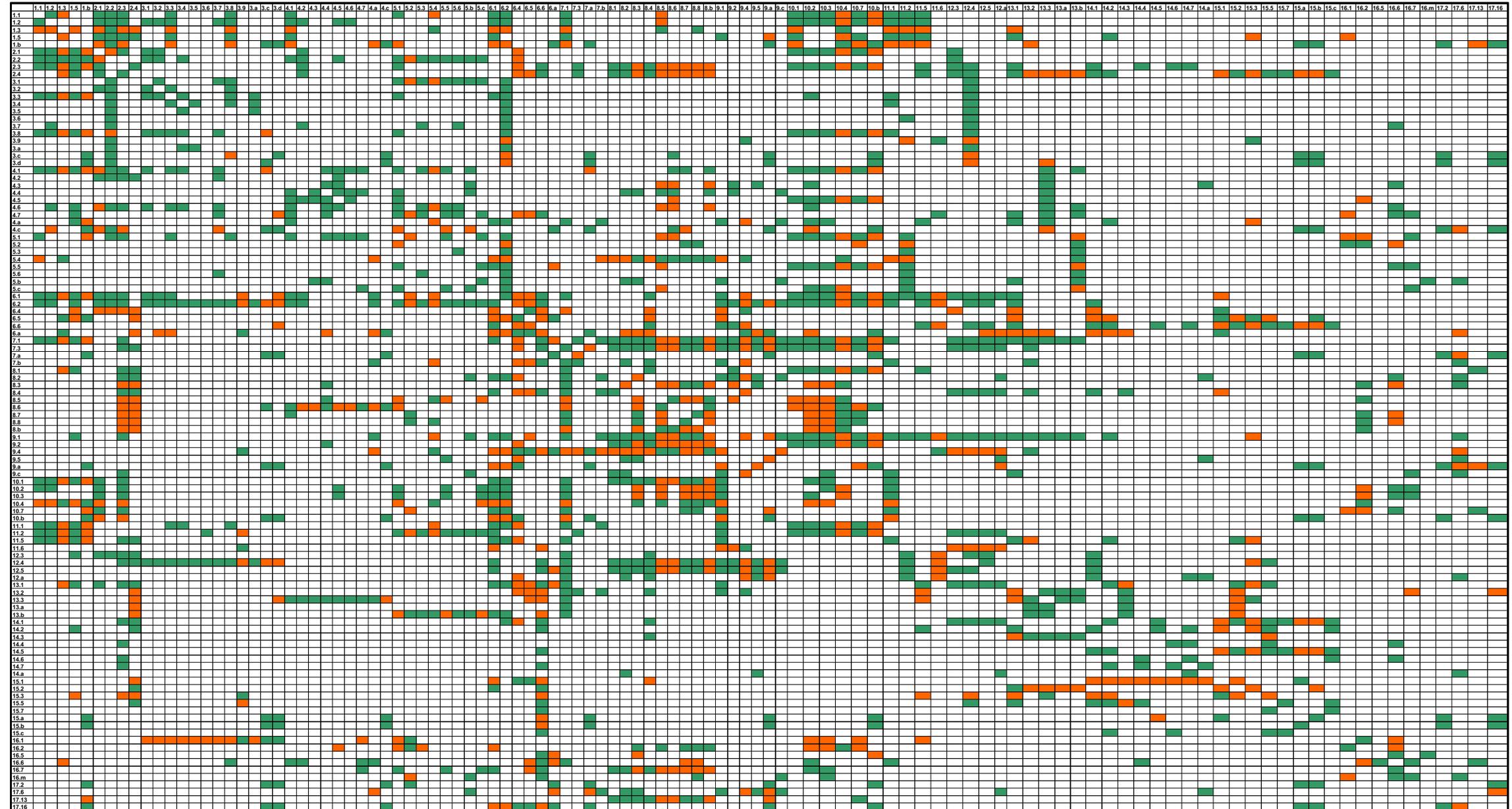
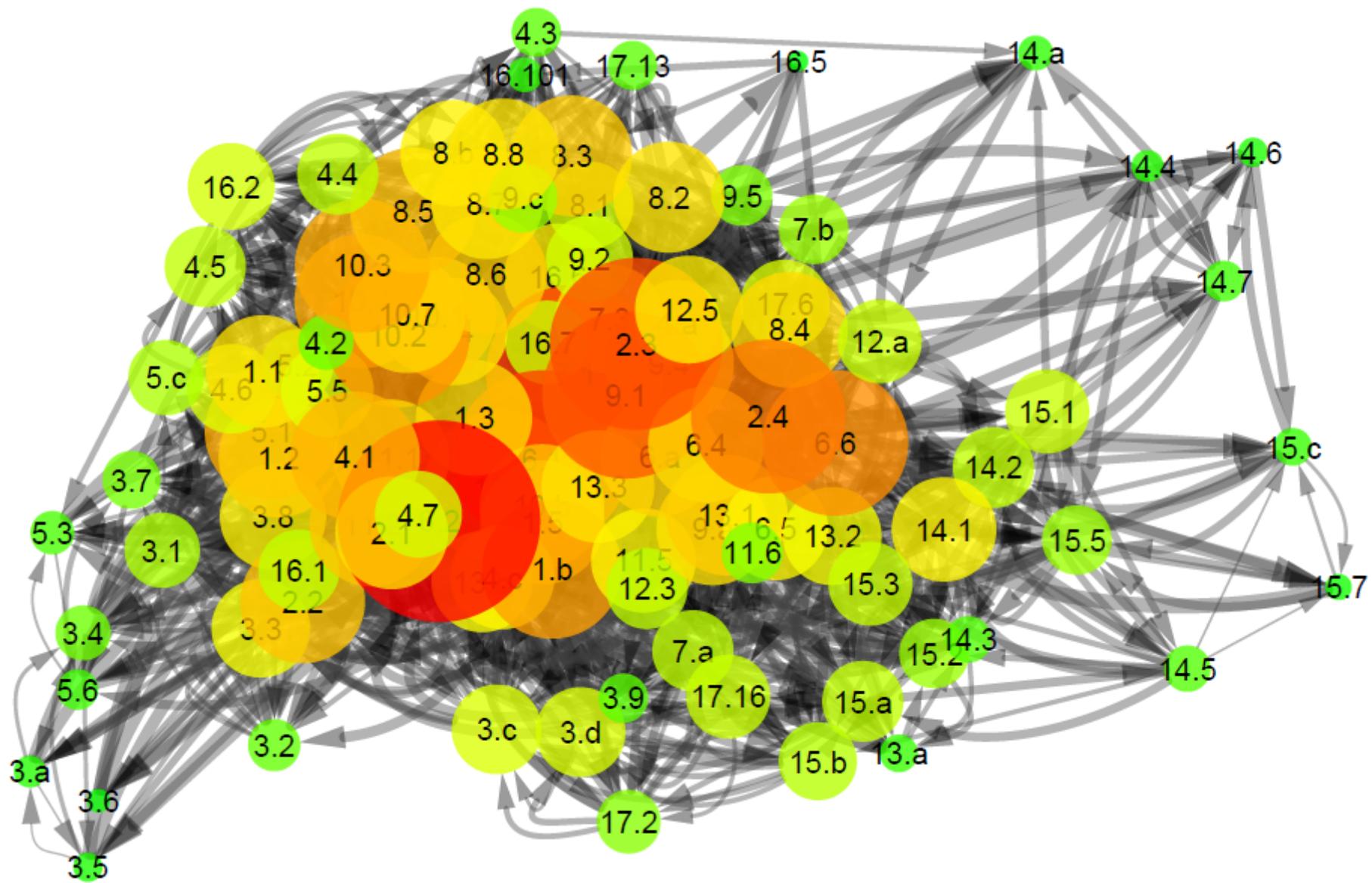


Figure s-2 Dashboard for Bangladesh indicating potential reinforcing (in green) and conflicting (in red) linkages between 108 targets



Notes: This is a square matrix of 108 by 108 targets. Entries without colour indicate there are no potential links between the pair of targets.



INTERACTIONS* TABLE FOR CHILD HEALTH (0-18 years old) AND TARGETS UNDER OTHER GOALS

GOAL	Key dimension of goal	Description of the key interaction	Direction / Reciprocity
			
	Eradicate extreme poverty (1.1)	+3 Getting out of extreme poverty is indivisible from better child health, as health problems drive people into poverty and poverty leads to, for example, reduced access to health services, both preventive and treatment and also increased malnutrition	Reciprocal
	Reduce at least by half the proportion of children living in poverty (1.2)	+3 same as above	Reciprocal
	Ensure social protection floors and coverage for the poor (1.3)	+2 Social protection is a safety net for all population groups, particularly most vulnerable. Besides, it enables families to seek medical care and advice for their children	Health is an outcome
	Ensure access to safe, nutritious and sufficient food by all, including infants (2.1)	+3 Utilising sufficient, nutritious food is indivisible from improved child health	Health is an outcome
	End malnutrition in children under five, adolescent girls (2.2)	+3 Ending malnutrition is indivisible from improved child health	Reciprocal
	Double agricultural productivity of small-scale producers (2.3)	+1 Healthier children enable small-scale farmers to devote time and financial resources to investing in their livelihood (!) Note: Depending on which strategies for increasing agricultural productivity are chosen, the effect on child health can be positive or negative. For example, increasing productivity via increased use of fertilizers and agrochemicals can counteract child health if handling is not done according to recommended procedure (score -2)	Health is a driver Health is an outcome
	Ensure quality primary and secondary education for all girls and boys (4.1) (the same is true for other targets under SDG4, incl. 4.2, 4.4, 4.5, 4.6, 4.7)	+3 Education, particularly of girls and women would be transformational in all aspects of health, productivity, development	Reciprocal
	Provide safe, non-violent, inclusive and effective learning environments for all (4a)	+2 Learning environments enable provision of education for all and indirectly lead to better child health	Health is an outcome
	End all forms of discrimination against women and girls (5.1)	+2 When women and children get better access to health services, education, etc, children's health is typically enabled. Attention to women and children in various initiatives is vital given their central roles in both social and biological reproduction and their need for access to health-related services	Reciprocal
	Eliminate all forms of violence against all women and girls (5.2), eliminate all harmful practices against children (5.3)	+2 Achieving this SDG aids the achievement of child health	Health is an outcome
	Ensure universal access to sexual and reproductive health and reproductive rights (5.6)	+2 Achieving this SDG aids the achievement of child health	Health is an outcome
	Universal and equitable access to safe and affordable drinking water for all (6.1)	+3 Indivisible from child health	Health is an outcome
	Access to adequate and equitable sanitation and hygiene for all; end open defecation (6.2)	+3 Indivisible from child health	Health is an outcome

1

	Protect and restore water-related ecosystems, including mountains, forests, wetlands, rivers, aquifers and lakes (6.6)	+1 Ecosystem protection is directly (e.g., access to nature positive for cognitive and motor development) and indirectly (e.g., link to action against climate change) associated with child health. (!) Note: Conserving wetlands could counteract the fight against epidemics (3.3) and the reduction of child mortality (3.2) as it may enhance the exposure of children to vector-borne disease (score -1).	Health is an outcome
	Ensure access to modern energy for all (7.1)	(!) Note: Depending on which strategies for increasing access to energy are chosen, the effect on child health can be positive or negative. For example, +1 Modern energy replacing traditional solid biomass cook stoves enables children's respiratory health through reducing the negative impacts of indoor air pollution and reduces outdoor pollution -2 For many countries, abundant energy means fossil, nuclear, etc. energy, and might thus be harmful for child health	Health is an outcome
	Full and productive employment, decent work and equal pay for all, including young people (8.5)	+1 the association between socio-economic status and health is strong. Both enable each other	Reciprocal
	Eliminate child labour (8.7)	+2 strongly associated with child health	Health is an outcome
	Strengthen the capacity of domestic financial institutions to encourage and expand access to banking, insurance and financial services for all (8.10)	(!) Note: Depending on which strategies are chosen, the effect on child health can be positive or negative. For example, +1 Access to health insurance, protection from catastrophic out-of-pocket health spending enables families to seek medical care and advice. Some other strategies (e.g., micro-lending) might also have positive effect on child health. However, some strategies (e.g., big banks and reinsurance companies favouring the rich) might have negative effect (score -1)	Health is an outcome
	Develop quality, reliable, sustainable and resilient infrastructure, to support economic development and human well-being, with a focus on affordable and equitable access for all (9.1)	(!) Note: Depending on which strategies are chosen for development of infrastructure, the effect on child health can be positive or negative. For example, +1 Developing infrastructure enables better access to health and education facilities for children and their families. However, using companies and labour of other countries to build infrastructure could be seen as a kind of new colonialism, negatively affecting the socio-economic situation of the population (score -1)	Health is an outcome
	Access to information and communications technology (9c)	+1 Improving access to information and communication technologies, including mobile phones enables child health directly (e.g., contact with health facilities) and indirectly (e.g., through social network, access to education, etc.)	Health is an outcome
	Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality (10.4)	+2 Equality reinforces health. Universal access to health care reinforces greater equality	Health is an outcome
	Adequate, safe and affordable housing (11.1)	+3 Healthy, energy-efficient and durable housing that is resilient to heat and cold, storms, natural disasters and climate change reinforces child health	Health is an outcome
	Access to safe, affordable, accessible and sustainable transport systems for all, improving road safety (11.2)	+1 Road safety and safe transportation reinforces child health in many ways, incl. access to health and education facilities, prevention of road accidents	Health is an outcome
	Reduce environmental impact of cities, including air quality and waste management (11.6)	(!) Note: Depending on which strategies are chosen, the effect on child health can be positive or negative. For example, +2 Reducing air pollution reinforces children's health by reducing pollution related disease such as chronic pulmonary disease, heart disease etc, as well as preterm births. However, the use of fossil fuels for development might lead to negative health effects (score -1)	Health is an outcome

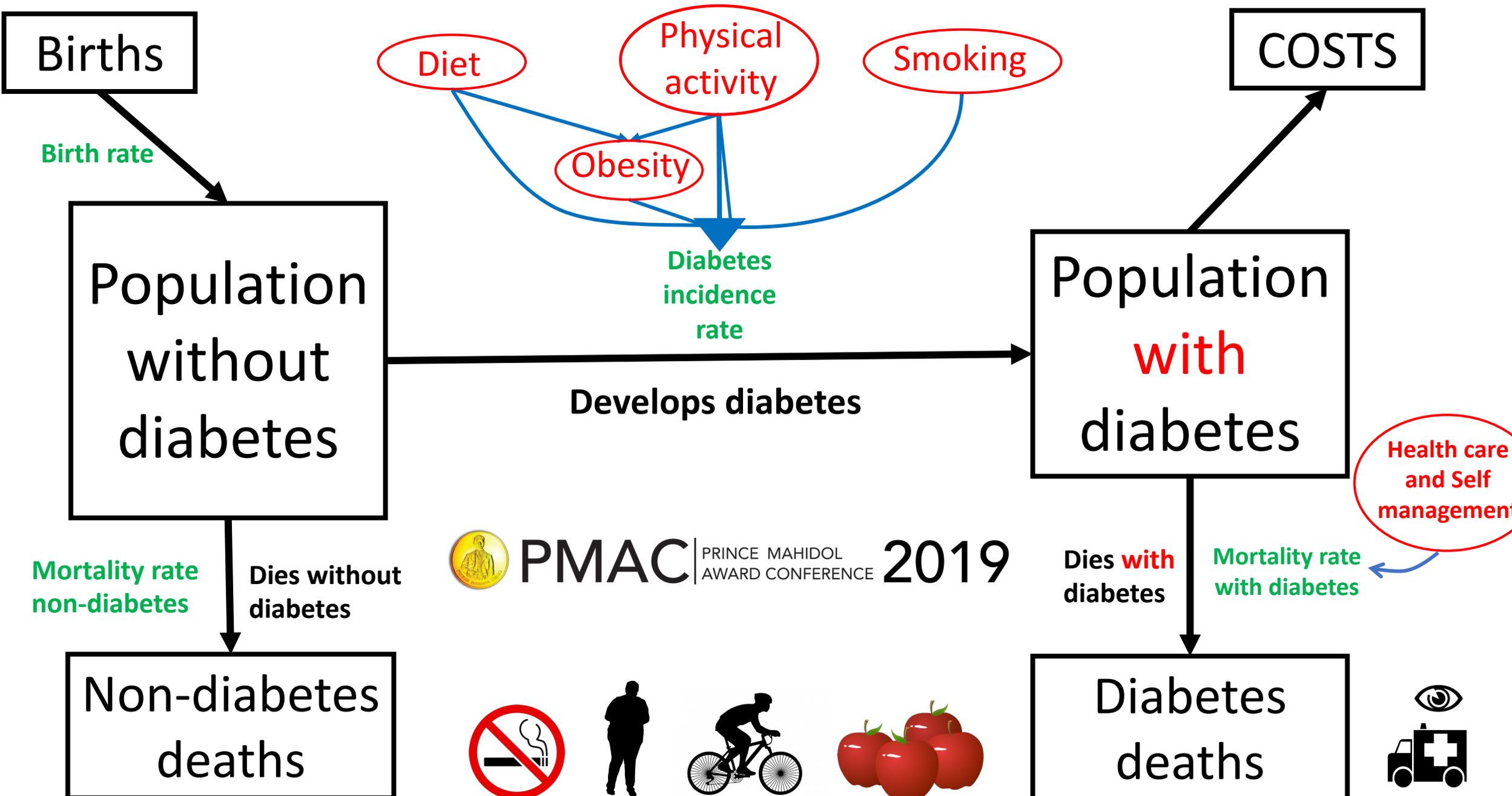
2

	Universal access to safe, inclusive and accessible, green and public spaces (11.7)	+1 Enables improved child health through motor development, exercise	Health is an outcome
	Environmentally sound management of chemicals and all wastes, reduction of their release to air, water and soil in order (12.4)	+1 These measurements are needed to minimize chemical's and waste's adverse impacts on human health and the environment	Health is an outcome
	Climate change measures (13.2, 13.3, 13b)	+2 Reducing climate risk can reinforce the health of children and adolescents through, for example, reducing severity of urban heat waves and other extreme events.	Health is an outcome
	Conservation of terrestrial and aquatic ecosystems including wetlands (15.1)	+1 Ecosystem protection is directly (e.g., access to nature positive for cognitive and motor development) and indirectly (e.g., link to action against climate change) associated with child health. Having access to nature and wildlife positive for cognitive and motor development. (!) Note: Conserving wetlands could counteract the fight against epidemics (3.3) and the reduction of child mortality (3.2) as it may enhance the exposure of children to vector-borne disease (score -1).	Health is an outcome
	End abuse, trafficking, exploitation etc of children (16.2)	+2 Crucial for child health	Health is an outcome
	Reduce corruption (16.5)	+1 Reducing corruption enables improved child health outcomes since more of the investments made in the health sector will go to its intended uses	Health is an outcome
	Develop effective and accountable institutions (16.6)	+1 Effective and accountable institutions enables the building of effective health. Further this enables improved health services for children as decision makers are held accountable from their constituencies	Health is an outcome
	By 2030, provide legal identity for all, including birth registration (16.9)	+2 Registration enables better matching of demand and supply in health care	Health is an outcome
	Strengthen domestic resource mobilisation / tax revenue (17.1)	+1 Improving state revenue enables investments in clinics and health programmes for children. Conversely, improved child health frees up time and resources for productive work which enables stronger tax revenues. In countries with massive tax avoidance this SDG could be as important as +3	Reciprocal
	Strengthen technology transfer (17.6)	+1 Improving conditions for the diffusion of pharmaceutical and other medical technology enables the provision of better health services for children	Health is an outcome

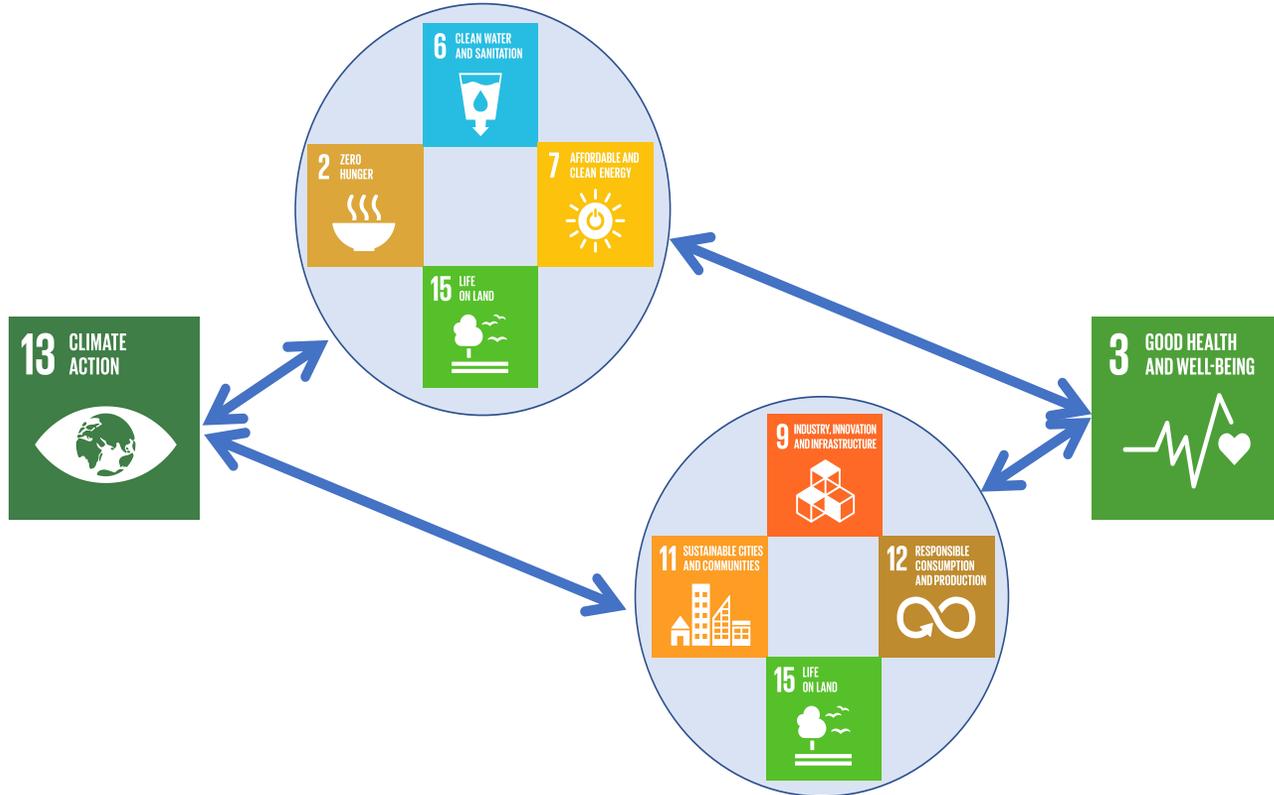
*The assessment of interlinkages has been guided by the following scale:
+3 Indivisible: The target is inextricably linked to the achievement of another target
+2 Reinforcing: The target aids the achievement of another target
+1 Enabling: The target creates conditions that further another target
0 Consistent: No significant positive or negative interactions
-1 Constraining: The target limits options on another target
-2 Counteracting: The target makes it more difficult to reach another target
-3 Cancelling: The target makes it impossible to reach another target

NOTE: The position of a given interaction on the seven-point scale is rarely absolute. The position and nature of the interaction depend on the context within which the interaction occurs.

SOURCE: Nilsson M, Griggs D, Visbeck M. Policy: Map the interactions between Sustainable Development Goals. *Nature* 2016; 534(7607): 320-2.



SIGHT Consortium SDG Project *Climate change and health*



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PUBLIC HEALTH AGENCY OF SWEDEN

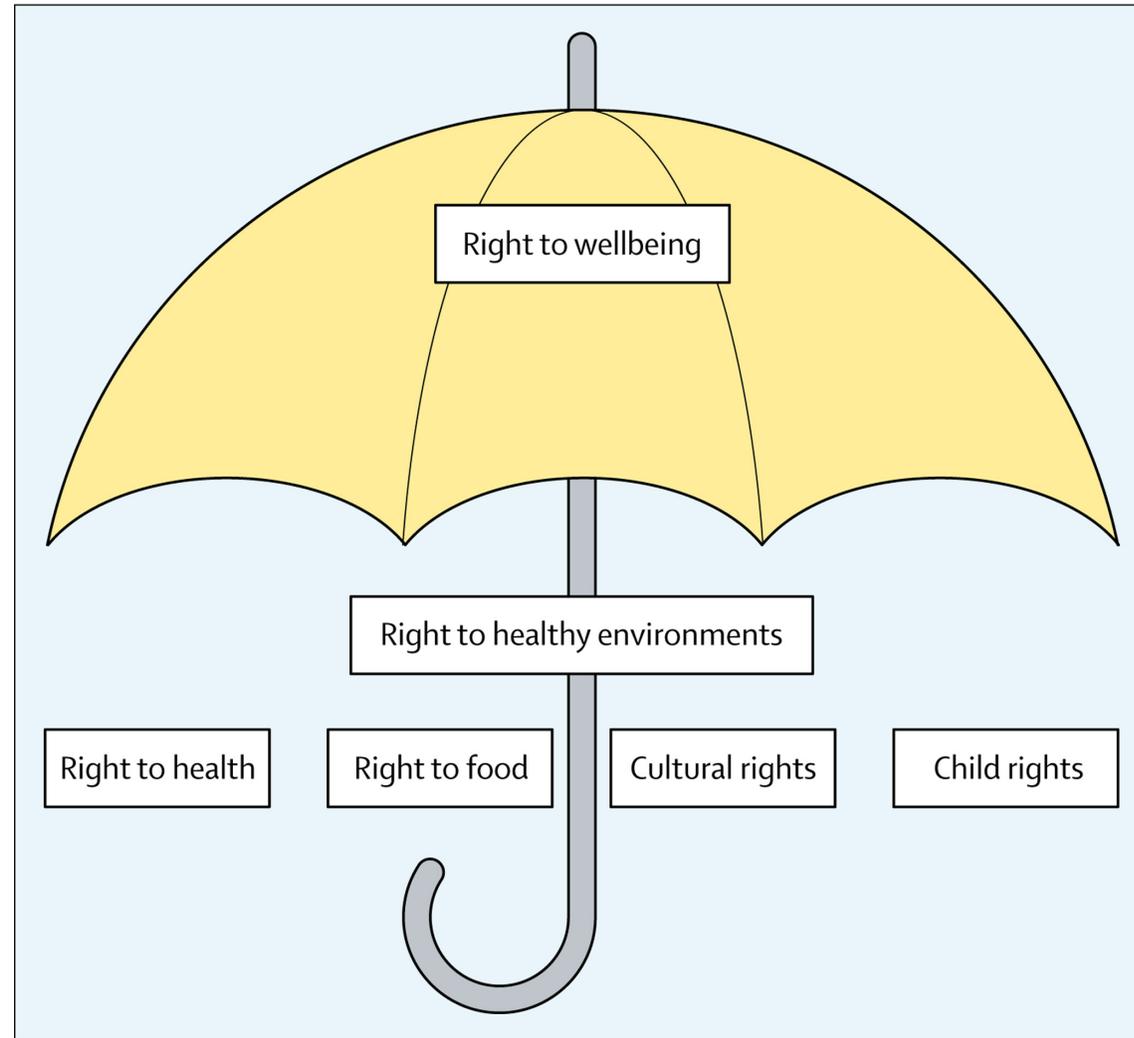


Global syndemic

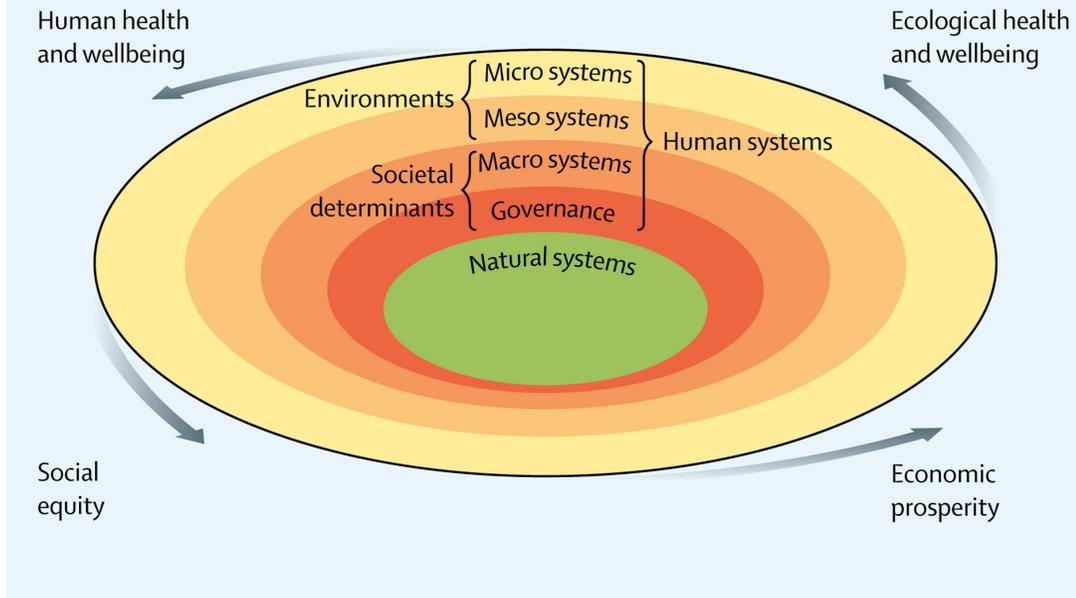
*Triple-duty action:
Finding win-win-wins*

MANKIND'S 3 PANDEMIC:

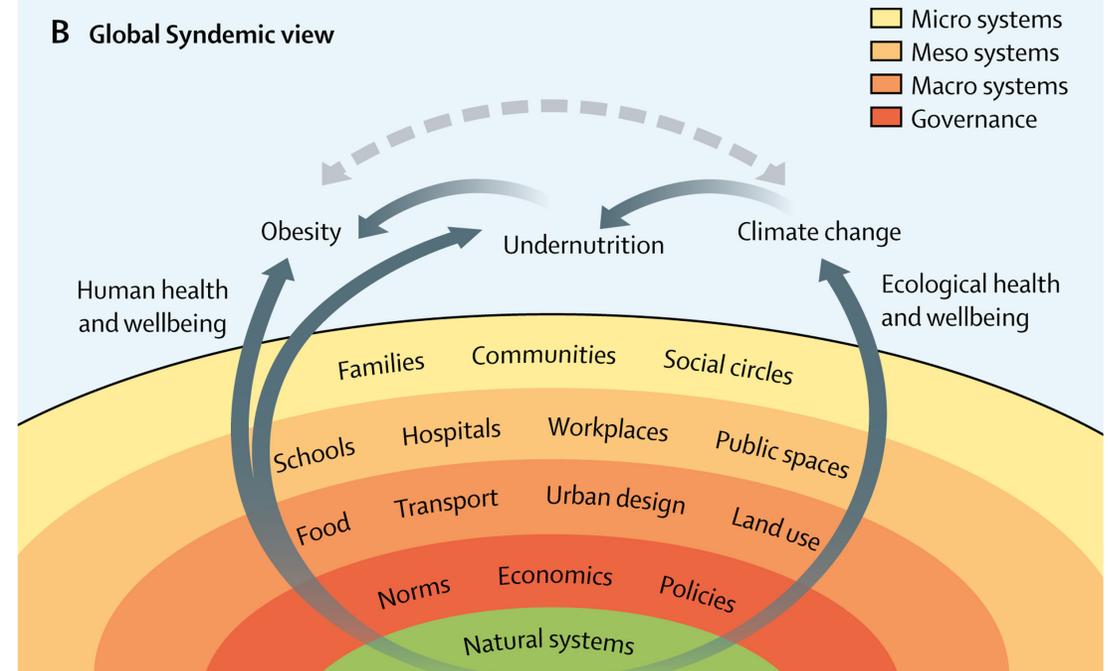
- Obesity
- Undernutrition
- Climate change



A Global outcomes view

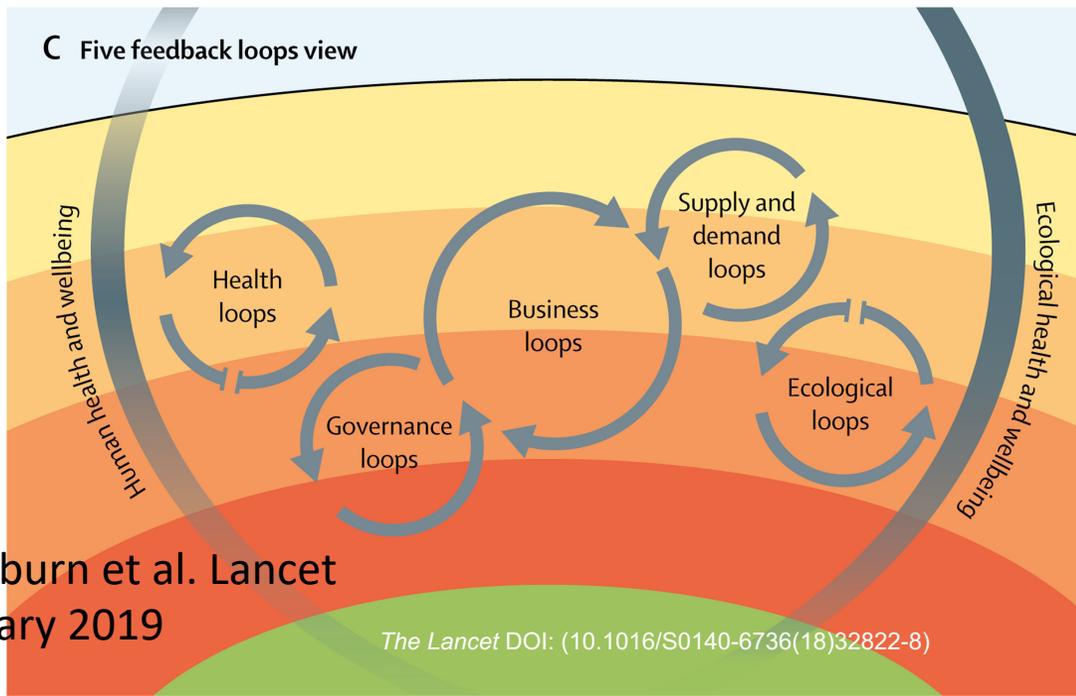


B Global Syndemic view

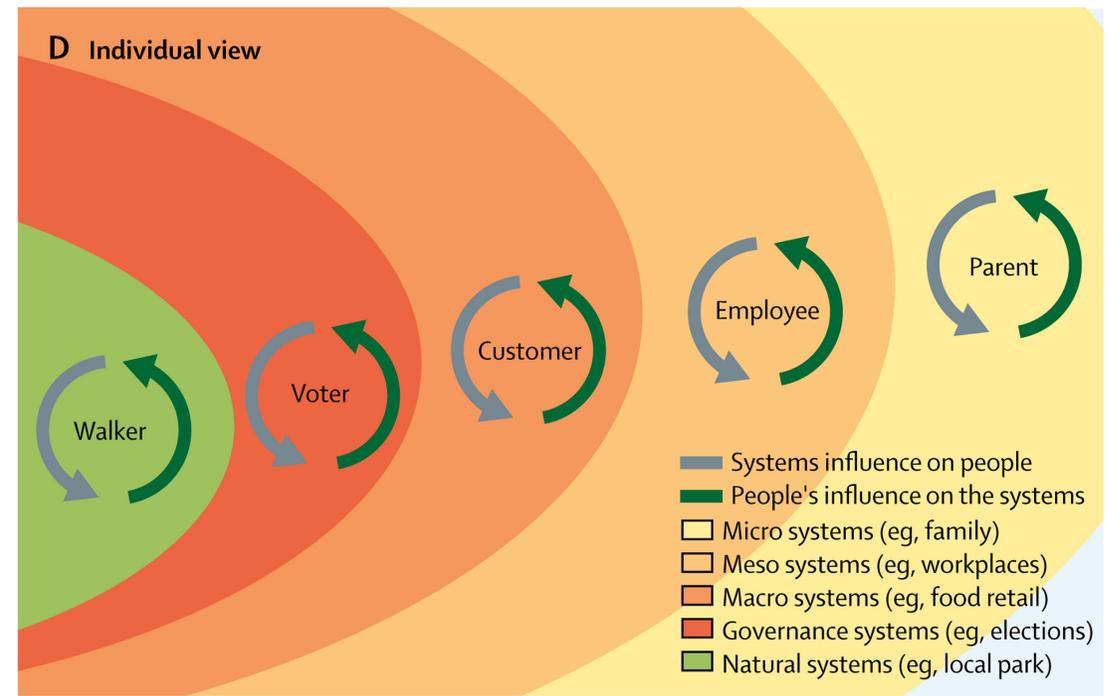


- Micro systems
- Meso systems
- Macro systems
- Governance

C Five feedback loops view



D Individual view



- Systems influence on people
- People's influence on the systems
- Micro systems (eg, family)
- Meso systems (eg, workplaces)
- Macro systems (eg, food retail)
- Governance systems (eg, elections)
- Natural systems (eg, local park)

The Lancet SIGHT Commission

Peace, Justice, Gender Equality and Transformation of Institutions for Healthy Societies

