

Impediments in the Health Sector: Millennium Development Goals to Sustainable Development Goals

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Abstract

Sustainable development goals (SDGs) are seen as a continuation of the Millennium Development Goals (MDGs) and a post-2015 agenda to combat poverty and hunger while preserving people's human rights, guaranteeing inclusive and sustainable development, and ensuring healthy lifestyles. It may appear straightforward, but the growth of MDGs and subsequently SDGs is complicated by international dynamics. This review article looks at the sociopolitical evidence foundation that fueled the development of the Millennium Development Goals (MDGs) and, later, the Sustainable Development Goals (SDGs). Some important summits in the 1990s served as forerunners to the MDGs, and many of the goals of the MDGs were derived from them. The Organizations for Economic Co-operation and Development (OECD Development)'s Assistance Committee (DAC) then issued worldwide development goals (IDGs). Then, in the UK's Department for International Development (DFID), Clare Short (a Labour Party member) and the Utstein group advanced the IDGs by obtaining support for them. The United Nations also released a list of development goals that will be translated into MDGs. To bring together one set of MDGs, there were discussions between and within the UN and the DAC. The IMF and the World Bank were also major participants. MDGs were heavily chastised for not being comprehensive, since they failed to address key societal concerns. A post-2015 agenda was also required. As a consequence, by the end of 2015, SDGs had been established. Even they were not immune to criticism, and the article examines a few of the arguments that have surrounded them. Finally, the paper examines possible obstacles for SDGs at both the global and national levels, with a focus on health-related SDGs.

Keywords

Millennium development goals, MDGs, sustainable development goals, SDGs, political economy, public health

Date of Submission: 08-04-2022

Date of Acceptance: 25-04-2022

I. Introduction

Certain questions arise when we discuss MDGs and SDGs. Why did they show up in the first place? What organizations were responsible for their establishment and evolution? Why did the Millennium Development Goals (MDGs) need to be replaced by Sustainable Development Goals (SDGs)? Do they have any purpose once they've arrived, and if so, for whom? Are they all-inclusive? When it comes to health-related SDGs, the question of whether they address critical public health concerns emerges. Is it true that they are multidisciplinary in nature? Will we be able to tackle the community's health concerns if we focus on health-related SDGs? Are we heading in the right direction? What are the difficulties that could arise? There are likely to be more similar questions, and this research article will attempt to address at least a few, if not all of them.

The idea of a worldwide public square is exceptionally old and traces all the way back to old Greece. As indicated by Hulme, it alludes to 'the commercial center and public square where social, financial and political life met up'. A particularly worldwide public square, some of the time by plan and some of the time by good fortune, led to the MDGs and later SDGs (Hulme, 2009, p. 6).

The worldwide guarantees of destroying human hardship stretch back to 1941 when US President Franklin D Roosevelt gave his 'Four Opportunities' discourse. Then, at that point, in 1948, Joined Countries (UN) accompanied 'Announcement of Basic freedoms'. The 1960s was the UN advancement decade yet during the 1980s UN's impact diminished while IMF and World Bank became predominant as they offered advances to helpless nations while at the same time forcing underlying change strategies of progression and privatization to

'get the costs right'. During the 1990s, nations began acknowledging SAPs (Underlying Change Projects) as prompting expanded neediness and imbalances. Thus, there were look for options both through the UN, NGOs and worldwide NGOs. In this specific circumstance, UN highest points and meetings began accepting significance. The World Highest point for Youngsters in 1990 put forward explicit objectives for decreasing IMR (Baby Death Rate), U5MR (Under5 Death Rate) and MMR (Maternal Death Rate). It likewise had objectives of accomplishing widespread admittance to essential instruction, safe water and sterile administrations. The culmination is viewed as the underlying foundations of MDGs. Spectators at the UN, public governments, help offices, NGOs and promotion bunches considered UN culminations as effective to convey forward a plan for activity (Hulme, 2009).

World summit for Social Development held in 1995 had destitution decrease as its primary space of conversation. In 1996, the UN announced it as 'Global year for the annihilation of neediness'.

In mid-1990s, the aid started to decrease. The virus war was done with the disintegration of USSR, and there was no compelling reason to give unfamiliar guide to helpless nations to guarantee their help.

At Association for Monetary Co-activity and Advancement's (OECD) Improvement Help Panel (DAC) in 1995, Groupe de Reflexion was set up to talk about the eventual fate of improvement help. In 1996, DAC dispatched its seven 'global improvement objectives' (IDGs) as an archive called 'Molding the 21st Century: The Commitment of Advancement Co-activity'. It mirrored the interests of its reciprocal guide organizations. They were going by the philosophy that financial development will prompt neediness decrease thus they had 'monetary prosperity' as their significant objective. The five social advancement objectives (schooling, sex, IMR, MMR and conceptive well being) were put under a solitary heading. The third heading was natural. The IDGs were supported by the OECD part nations and G7 nations. For the UN, the IDGs' report was critical. The IDGs got enrolled in World Bank and IMF. The extreme NGOs, hostile to industrialist organizations and against globalization bunches called IDGs as way of talking, covering its abuse of work and climate (Hulme, 2010).

The United Nations re-entered the global target-setting process in late 1998, planning the Millennium Assembly and Millennium Declaration. The United Nations, under the leadership of Kofi Annan, issued a study titled "We the Peoples: The Role of the United Nations in the Twenty-First Century" in 2000. The report's main topic was poverty alleviation. Economic growth, technology, goal-setting for affluent countries, the environment, and highlighting Africa's issues were all prioritised by 'We the Peoples.' Gender equality, women's empowerment, reproductive health, and health-care goals were among the problems that were jeopardised (Hulme, 2009).

In June 2000, four major development multilaterals (the IMF, the OECD, the United Nations, and the World Bank) collaborated to release "A Better World for All: Progress Towards the International Development Goals," or BWFA. Reduced infant and maternal mortality, human development objectives, and reproductive rights were among the BWFA's aims, which were comparable to DAC's IDGs. The MDGs were started by a task group comprising specialists from the DAC, World Bank, IMF, and UNDP. The MDGs were created after a lengthy process of talks between many players, agencies, and coalitions that resulted in a compromise. The MDGs were based on the IDGs. Because of concerns from UN members such as conservative Christians, the Vatican, and Islamic nations, the aim linked to reproductive health was deemed politically unacceptable. Only the HIV/AIDS aim was included as a compromise, with the 'contraceptive prevalence rate' as a single indicator (Hulme, 2009).

The Goal 8, which stands for global partnership for development, was an essential inclusion. The influence of Bretton Woods Institutions (IMF and World Bank) led to income growth and basic needs approach for poverty reduction in MDGs instead of reduced inequality and human rights approach. At the UN Conference on International Financing for Development (FfD) in Monterrey, the MDGs were formally endorsed, and a Monterrey consensus was formed. Some organisations, such as the Global Fund, Gavi, and the Gates Foundation, have also become involved in the MDG evolution process (Hulme, 2010).

II. Literature Review

1. Moving from the Millennium to the Sustainable Development Goals

Editors: Awaworyi Churchill, Sefa (Ed.)

This book is divided into chapters that look at different aspects of development. The Millennium Development Goals (MDGs) were the overarching development framework that regulated the worldwide development community from 2000 and 2015. The framework is largely seen as a success after a decade and a half of commitment to the MDGs, notwithstanding unequal progress recorded across nations. Without a deeper knowledge of the variables that contributed the most or least to the achievement of the MDGs, the new overarching international development framework may not be effective or provide the greatest chances for the intended global transformation. This book's chapters give debates and ideas for better understanding these

aspects. They are a collection of scholarly works that deal with some of the most pressing issues in international development. They use a variety of research methodologies to find out what works and what doesn't when it comes to achieving the stated development goals.

2. From Millennium Development Goals to Sustainable Development Goals: Rethinking African Development (New Regionalisms Series) Hardcover – 10 August 2017

by Kobena T. Hanson (Editor), Korbla P. Puplampu (Editor), Timothy M. Shaw (Editor)

The Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs) have huge consequences for global development, especially in Africa. This book aims to help policymakers and political leaders in Africa, as well as multinational corporations and non-governmental organizations (NGOs) and the continent's increasingly diverse media landscape, better understand and respond to the changing development environment of the twenty-first century.

The writers to this collection of nuanced articles examine the link between the MDGs and SDGs in important areas of African development in order to better grasp and know the changing nature of development.

They cover governance, agriculture, south-south cooperation in the context of foreign aid, natural resource governance and sustainable development, export diversification and economic growth, as well as emerging issues like the internet of things or the sharing economy, climate change, conflict, and non-traditional security. The diverse, yet interconnected focuses provide a comprehensive picture of Africa's development goals and capacity to translate the SDGs' global goals into local realities.

Academics and students in Development Studies, Contemporary African Studies, Political Science, Policy Studies, and Geography, as well as policymakers and development practitioners, would benefit from this book.

Research Methods

This study is based on secondary data acquired from many sources on the internet, data from various government sources, and statistics from WHO. For the analysis, a methodical methodology was used. The data was analyzed using both qualitative and quantitative methodologies.

III. Findings and analysis

The health or well being objective has nine targets and four sub points.(6) The initial three targets are continuation of MDGs, the following three are on no transmittable sickness (NCD), and the last three are blended. Nine well being targets and four sub-focuses are as per the following:

- I. Lessen the worldwide maternal mortality proportion to under 70/100,000.
- II. Lessen neonatal mortality to under 12/1,000 and U5MR to under 25/1,000.
- III. End the pandemics of AIDS, tuberculosis, jungle fever, and ignored tropical sicknesses and battle hepatitis, water-borne illnesses, and other transferable infections.
- IV. Lessen by 33% untimely mortality from noncommunicable sicknesses.
- V. Fortify the anticipation and treatment of substance misuse.
- VI. Divide the quantity of worldwide passing and wounds from street car crashes (by 2020).
- VII. Guarantee general admittance to sexual and regenerative medical care administrations.
- VIII. Accomplish widespread well being inclusion.
- IX. Diminish the quantity of passing and ailments from perilous synthetics and air, water, and soil contamination and pollution.
- X. Four sub points are:
- XI. Strengthen the WHO Framework Convention on Tobacco Control's implementation.

XII. Backing the innovative work of immunizations and meds.

XIII. Generously increment well being financing and the enlistment, advancement, preparing, and maintenance of the well being labor force.

XIV. Fortify early admonition, hazard decrease, and the executives of health chances.

Contrast Between SDGs and MDGs

SDGs advantage from the significant illustrations gained from MDGs. These likewise convey forward the incomplete plan of MDGs for congruity and support the force produced while tending to the extra difficulties of comprehensiveness, value, and urbanization and further fortifying worldwide association by including CSOs and private area. They reflect congruity and combination of MDGs while making these more supportable by fortifying natural objectives.

There are seven significant contrasts in MDGs and SDGs;

MDGs were drawn up by a gathering of specialists in the 'cellar of UN central command's though SDGs have developed after a long and broad consultative interaction including 70 Open Working Groups, Civil Society Organizations, topical discussions, country conferences, support of overall population through eye to eye gatherings and online systems and house to house review;

While MDGs were engaged with just 8 objectives, 21 targets and 63 markers, SDGs incorporate 17 objectives with 169 targets. A specialist examinations by respectable laureates at Copenhagen agreement, propose that if the UN focuses on 19 top targets, it can get \$20 to \$40 in friendly advantages per dollar spent, while dispensing it equally across every one of the 169 targets would decrease the figure to under \$10. Being keen with regards to spending could be superior to multiplying or quadrupling the guide budget;(7)

MDGs had an attention on non-industrial nations with financing came from rich nations. All nations, created or creating, are relied upon to run after accomplishing SDGs;

The mainstays of human turn of events, basic freedoms and value are well established in SDGs and a few targets seven unequivocally allude to individuals with handicaps, six to individuals in weak circumstances, and two to non-segregation. These were not referenced in the MDGs; (iv) MDGs had 3 direct well being objectives, 4 targets and 15 pointers with accentuation on youngster, maternal mortality and transmittable illnesses. SDGs have one complete objective underscoring prosperity and sound living including NCDs;

MDGs had a stretch of time of 25 years however took on in 2002 benchmark information for the year 1990 was utilized and a portion of the baselines were updated consequently which moved 'the goal line'. For the SDGs, the pattern is from 2015 appraisals. It very well might be updated as later information opens up;

SDGs incorporate a dream of building dynamic and efficient organizations with private area to accomplish reasonable turn of events. It expands on, UN Compact which was dispatched in year 2000 and IMPACT 2030;

MDGs played no substantial part for the Civil Society Organizations (CSOs), while SDGs have focused on this right from the outlining stage itself with huge commitment of common society entertainers.

The CSOs can assume a significant part to consider governments responsible at the nearby level.

IV. Discussion

Since its creation in the late 1940s, the United Nations (UN) and its technical agencies and finances have actively spearheaded the international development agenda. Until the 1990s, the strategy was fragmented and disconnected, with specialized organizations or funds addressing three elements of development — economic, social, and environmental — at successive World Summits and Conferences. The United Nations Development Programme (UNDP), the United Nations Environment Programme (UNEP), the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the United Nations Educational, Scientific and Cultural Organization (UNESCO), and other development agencies converged on the Millennium Declaration and Millennium Development Goals (MDGs). (1) The recently approved Sustainable Development

Goals (SDGs) show that the development agenda is becoming more aligned. In addition, the SDGs promote equity, human rights, and nondiscrimination. The momentum generated by the MDGs in India must be maintained, with a focus on completing the MDGs' unfinished business. The competent ministry, as well as states and union territories, should develop India-specific goals, targets, and indicators, as well as a plan for achieving them (UTs). The funding of these objectives will be a big problem. It's also crucial to figure out how much money you'll need and where those funds will come from. According to preliminary estimates from worldwide gatherings, generating the necessary resources will be a huge issue. To attain these objectives, targets, and indicators, which are significantly bigger in number than the MDGs, it is critical to develop a system for collecting relevant data and monitoring progress. Survey data should be used as little as possible. The health objective will need a concerted effort to combat noncommunicable illnesses, as well as accidents and injuries, while continuing to focus on mother and child health and nutrition. The Millennium Development Goals (MDGs) aided in rallying the international community, leaders, politicians, civil society, and sectoral ministries and departments to focus on attaining these time-bound and measurable objectives. We may not have accomplished all of these objectives, but we have made significant progress in saving lives and improving the quality of life for millions of people in the United States and across the world. India has not made progress that is commensurate with its economic and technical power, and more has to be done. MDGs were simple to relate to, comprehend, convey, implement, and monitor, but SDGs, while similar to MDGs in some ways, had the flaw of being too many and unwieldy to execute and monitor. This is most likely the product of a big consultation process in which everyone wants their areas of interest to be included. Getting the necessary money to make them a reality is still a hurdle. Accountability must be improved at all levels, from the international to the local. The following 15 years is probably going to see remarkable preparation of assets and endeavors to make the world a superior spot to live for "we individuals", particularly the underestimated and burdened gatherings.

V. Limitation

SDGs and Challenges

If, for an instance, we get over excited via way of means of 17 dreams and 169 objectives of SDGs, then it turns into very critical to examine the duration and breadth of those dreams. The SDGs cowl a extensive variety of issues, and the demanding situations also are enormous. The objectives are very wide and ambitious. It calls for mobilization of all type of assets to fulfill those demanding situations. The large query is whether or not we've got enough assets to fulfill this extensive variety of SDGs. How are we able to generate assets and channelize them in right direction?According to a few estimates, it's going to take \$sixty six billion a yr to offer a social protection internet for removing intense poverty. It will take another \$7 trillion to offer for water, agriculture, shipping and power (Kumar, Kumar, & Vivekadhish, 2016). Third International Financing for Development (FfD) Conference became held withinside the Ethiopian capital Addis Ababa in July however it failed to derive any fruitful conclusions. It encouraged the UN to spend 0.7 in line with cent of GNI on SDGs, a goal set extra than forty years ago. Most of the developed nations have now no longer even met the goal of allocating 0.7 in line with cent of GNI to worldwide useful resource (Kumar et al., 2016). It appears from MDG enjoy that worldwide useful resource isn't always a concern inside united states budgets. Commitment from multilateral banks became \$four hundred billion (Kumar et al., 2016). Thus, mobilization of assets to fulfill SDGs and making sure responsibility of governments from worldwide stage to neighborhood stage are principal demanding situations. An concept for an international tax organisation with country-based delegates was proposed at the Addis Ababa conference, but it was quickly rejected by rich nations and buried (Kumar et al., 2016). International countries were urged to track and report on official development aid (ODA) resource allocation in FfD. According to some estimates, for every dollar of ODA that went to poor countries in 2012, almost \$10 went out in illegal financial flows (Kar & Spanjers, 2014 in Ponte & Enriquez, 2016). Trade misinvoicing was responsible for the great bulk of illegal money flows. The establishment of an international organisation on tax concerns was vehemently opposed by industrialised nations during the Addis Ababa discussions. This organisation, in collaboration with civil society, might have established rules to combat illegal cash flows and monitored government operations, but the proposal was stifled (Ponte & Enriquez, 2016). Agenda 2030's objective 10.4 tackles the problem of inequality, urging countries to "implement measures, particularly fiscal, wage, and social protection programmes, to gradually attain greater equality." The Addis Ababa conference also advocated for progressive tax regimes, yet levies disproportionately harm women, market sellers, farmers, and microbusiness owners. Big corporations, on the other hand, gain from tax policy through tax avoidance. Increased inequality both inside and across countries is a problem. Peace and stability on the international level are necessary for growth. Terrorist acts on a worldwide scale are on the rise, as is intolerance between groups, posing a danger to global peace, social stability, and long-term prosperity. There are more internal disputes and bloodshed, as well as more natural and man-made calamities. The Sustainable Development Goals (SDGs) apply to the entire world, not only developing countries. Differential development exists across nations, between strata (urban/rural, upper/lower, rich/poor) within a country, and between states

within a country. There is also a need for global justice to be a cornerstone of long-term growth. The affluent world claims a disproportionately large part of the planet's resources, resulting in resource overexploitation (Maier, 2013).

Furthermore, we are all stakeholders in the SDGs and bear responsibility for its achievement. National governments, multinational businesses, transnational corporations, non-governmental organizations, academic institutions, rural communities, slums, and all people are among the various stakeholders. Bringing all of the stakeholders together in terms of responsibility and action is a huge problem. Coordination, or bringing together important parties at the appropriate time and in the correct direction, is a huge problem. The achievement of the SDGs also necessitates significant trade-offs. Developmental initiatives to provide employment, for example, may endanger the environment. Furthermore, agricultural development to provide food security for all may necessitate the clearing of forests for agricultural land, endangering the ecosystem. Strengthening public health service systems in the health sector may jeopardise health care providers' commercial earnings. Then there are conflicting interests to consider. Pharmaceutical firms have a vested interest in the public health practise of promoting certain vaccinations or medicines. Tobacco firms have a vested interest in blocking tobacco control policies. The funding allocation for education and health at the national level is woefully inadequate. The government is abandoning public health in favour of the private sector. In the guise of public-private partnerships, the new budget 2016–2017 provides tax breaks to private insurance firms and pharmaceutical businesses. Furthermore, human resources working on government flagship programs like NRHM are hired on a contract basis and do not get minimum salaries, pensions, social security, or health insurance (Patel, 2016). Budget allocation is continually falling in other socioeconomic sectors, such as agriculture. The Union Budget for 2016–2017 allows for 100% FDI in rural markets, which would have a detrimental impact on small and marginal farmers. In this arrangement, a huge number of impoverished farmers compete to sell their goods to a small number of multinational businesses that have no influence in the process (Patel, 2016).

The Challenges Related to Health

The third SDG, 'Ensure healthy lives and promote well-being for everyone at all ages,' is closely connected to health. SDG3 covers a wide range of issues, including maternal and child health, communicable and non-communicable diseases, substance abuse, road traffic accidents, sexual and reproductive health, access to health care services, environmental pollution-related health hazards, tobacco control, vaccine and medicine research and development, and health workforce (UN, 2015).

Lack of effective leadership, integrated alliances, funding, implementation, and indicators with good data collecting are all obstacles to attaining the SDGs. In terms of policy change, legislation, investment, execution, lobbying, and public representation, leadership is critical. The SDGs call for a stronger link between health and global governance among organizations and processes that have a direct or indirect influence on health in the context of globalized commerce, security, migration, and the environment. All nations must acknowledge the fundamental change necessary to confront the rising challenges of sustainable development in order to embrace a universal post-2015 development strategy with sustainable development at its centre. Economic transitions to sustainable production and consumption patterns, effective governance, and revitalized global collaboration and implementation methods are among them. Lack of social inclusion, broad geographical inequities and urban-rural divides, and gender disparity between men and women are among the major issues. The adoption of a meaningful global standard of basic requirements, such as access to clean and sustainable water and sanitation, appropriate nutrition, primary health care, and basic infrastructure, such as power, roads, and connectivity to the global information network, is a major issue. The global economic slump, violent conflicts in certain countries, biodiversity loss, water degradation, drylands, forest degradation, and climate change are all threats to peace and prosperity, since they threaten to undo previous gains and damage any future gains. The SDGs have been attacked for being too vast in number and too broad in scope, despite their acceptance in principle. Creating and maintaining public awareness, mobilisation, advocacy, and continuity for 17 goals and 169 targets enshrined in SDGs is a challenge, compared to only 8 goals and 18 targets enshrined in MDGs, which were easy to state, understand, and implement by governments, businesses, and civil societies around the world. Several objectives are ambitious and unattainable, such as target 3.2 to "end avoidable deaths of infants and children under the age of five," or target 3.3 to "end AIDS, "Epidemics of TB and malaria." It will be tough to eliminate these health problems in just 15 years. Another issue is that many of the objectives and targets are ambiguous and quantifiable, such as SDG3: how can progress toward "well-being for everyone" be measured? Similarly, achieving objective 3.8 "to achieve UHC" will be difficult unless the package of services and the criterion for assessing coverage are clearly defined.

VI. Future Scope

Collectively, dedicated leadership, conviction and bravery, hard effort and dedication to shared progress, aided by better science and technology, have the potential to accomplish sustainable development. It's a chance for health advocates to emphasize the connection between health and the topics of education, growth, population, energy, and governance, as well as the importance of current health as a prerequisite for societal sustainability and prosperity. The SDGs are complicated due to their linked nature, but they also illustrate complementing advantages from specific goals and objectives. Clean drinking water and sanitation, for example, would increase health, resulting in better nutrition and well-being. [10] To remain essential in the post-2015 SDGs, health must be integrated into all three elements of sustainable development, economic, social, and environmental, rather than being isolated from them. The emergence of this new sustainability paradigm brings with it a once-in-a-lifetime chance. Multi stakeholder partnerships, which involve not only governments but also corporate organizations, international organizations, parliaments, civil society, local governments, trade unions, research and educational institutions, can promote the post-2015 development agenda's transformational activities. Assigning defined duties and tasks to guarantee responsibility is critical to the success of such collaborations. Acting on the post-2015 development agenda's common problems necessitates a renewed commitment to international collaboration. Strong national ownership, well-managed policies that foster robust and inclusive growth, decent employment and social protection, and the allocation of more resources for essential services, all of which are supported cogently by partners at all levels, can all contribute to the SDGs being achieved.

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