Public Health Association of Australia
submission on Inquiry into the United Nations Sustainable Development Goals

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Preamble

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public’s health in Australia. The PHAA works to ensure that the public’s health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people’s health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

Introduction

PHAA welcomes the opportunity to provide input to the Inquiry into the United Nations Sustainable Development Goals (SDGs). The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. The Australian Government, in collaboration with the States/Territories, should provide a comprehensive national cross-government framework on promoting a healthy ecosystem and reducing social and health inequities. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

The PHAA CEO, Michael Moore, is not only President of the World Federation of Public Health Associations but is a member of the United Nations Committee for SDG 3 (Healthy Lives and Wellbeing), which is Chaired by Hon Chris Fearne, the Deputy Prime Minister and Health Minister for Malta.
PHAA Response to the Inquiry Terms of Reference

a. The understanding and awareness of the SDGs across the Australian Government and in the wider Australian community

The SDGs are complex, with 17 SDGs, 169 associated targets, and 232 indicators. The indicators are designed to be disaggregated where possible and relevant, by income, sex, age, race, ethnicity, migratory status, disability and geographic location. The phrase ‘Leave no one is behind’ is mentioned five times in the 2030 Agenda for Sustainable Development that was adopted by all governments at the United Nations in 2015. This is no accident, but rather reflects an ambitious plan for action through a universal and transformative framework. The UN General Assembly Resolution adopting the SDGs in 2015 described them as being to “build on the Millennium Development Goals and complete what they did not achieve. They seek to realize the human rights of all and to achieve gender equality and the empowerment of all women and girls. They are integrated and indivisible and balance the three dimensions of sustainable development: the economic, social and environmental...the interlinkages and integrated nature of the Sustainable Development Goals are of crucial important in ensuring that the purpose of the new Agenda is realized” (p1-2). Where the Millennium Development Goals focused on poverty eradication, health, education and food security and nutrition, the SDGs go further, to include economic, social and environmental goals.

There may be a perception in Australia, as a wealthy nation, that the SDGs are only for developing countries. This is specifically addressed in the resolution adopting the goals – “These are universal goals and targets which involve the entire world, developed and developing countries alike” (p3). The Agenda is a plan of action for people, planet, peace and prosperity. The SDGs need to be achieved by 2030 ‘to end poverty and hunger everywhere; to combat inequalities within and among countries; to build peaceful, just and inclusive societies; to protect human rights and promote gender equality and the empowerment of women and girls; and to ensure the lasting protection of the planet and its natural resources.’

The Public Health Association of Australia strongly supports Australia’s implementation of the SDGs, and believes they are central to our work. The World Federation of Public Health Association’s Global Charter for the Public’s Health was specifically designed to be read in conjunction with the SDGs.

At this stage the PHAA believes there is still considerable work to be done within Australia to have the SDGs as well-known as the Millennium Development Goals (MDG). The MDGs took quite a number of years and we hope that knowledge and understanding of the significance of the SDGs will not take as long. A key element of this is commitment not only from the Federal Government (that has signed onto the SDGs) but also to the State and Territory Governments who can play a key role in their implementation. Additionally, the non-government sector has a key role in ensuring a broader understanding and a commitment to the SDGs. As both an indication of the importance with which the SDGs are viewed in Australia, and for central coordination of cross sector collaboration, we advocate for this important initiative requiring whole of government response to be in the Department of Prime Minister and Cabinet. Similarly, the States and Territories ought to be encouraged to have a whole of government response based within the portfolios of the Premiers or the Chief Ministers.

b. The potential costs, benefits and opportunities for Australia in the domestic implementation of the SDGs

Australia must not fall into the trap of thinking that as a developed nation, the SDGs are less relevant to us than to developing countries. A recent report by UNICEF showed that targets for issues including proficiency in reading and mathematics, and new HIV infections among 15-19 year olds are not on track to be met. Even
among developed nations, doing very well on some indicators such as smoking, and adults with tertiary education, Australia ranks near the bottom of the OECD countries on targets such as adult obesity, responsible consumption and renewable energy. In a ranking across all dimensions of the SDGs, Australia was ranked 18th of 34 wealthy nations in 2015. Since then our ranking has declined, to 20th of 157 in 2016 and 26th of 157 in 2017. And as the Prime Minister’s Closing the Gap Report 2018 showed, for Aboriginal and Torres Strait Islander people in Australia, the results are far worse.

This does, however, mean that there is plenty of room for benefits and opportunities for Australia in the domestic implementation of the SDGs.

For example, while overall rates of sexually transmissible infection testing and treatment are improving in Australia, the majority of infections such as gonorrhoea and chlamydia in young people (15 to 25 years) remain undiagnosed and therefore untreated. In addition, while Australia’s coordinated and collaborative approach to Human Immunodeficiency Virus (HIV) has been successful in reducing the overall prevalence of HIV to 0.1%, one of the lowest rates globally, sub-groups within Australia such as Aboriginal and Torres Strait Islanders and migrants remain marginalised and at increased risk.

This relates to SDG 10 (reduce inequality within and among countries), and the implementation of the SDGs in Australia provides an opportunity to focus on these issues and implement solutions. SDG 5 (achieve gender equality and empower all women and girls) is also relevant since there are gender differences and inequities in issues such as use of protection, testing and treatment. Sex-disaggregated data is essential to better understand the impact of gender on experiences of STIs, to inform policy and advocacy decisions.

SDG 10 also raises significant questions for Australia’s commitment to aid that has seen a considerable reduction over the last few years and a reduction as a percentage of government expenditure and of GDP. As Oxfam identifies “Australia currently spends $4.05 billion dollars on foreign aid – that’s 0.23% of our gross national income, or 23 cents in every $100” and further as a comparison to other developed nations “Australia lags behind many other developed nations, including the UK, who has lifted its aid spending to 70 cents in every $100”. If Australia is really committed to the SDGs we not only need to tackle Indigenous issues within our country as a priority but also need to make a serious commitment to tackling inequality “among countries”. This matter is further addressed at point (e) & (f) below.

The adoption resolution contains some guides and means for implementation, through the revitalisation of the Global Partnership for Sustainable Development. The Global Partnership is designed to “facilitate an intensive global engagement in support of implementation of all the Goals and targets, bringing together Governments, the private sector, civil society, the United Nations system and other actors and mobilizing all available resources” (p10). The 169 targets associated with the 17 goals are designed to provide a means for implementation. Specific principles to guide this include the “pledge that no one will be left behind”, and the aim to “reach the furthest behind first” (p3).

The resolution also states that the agreed global targets are aspirational, with each country to set their “own national targets guided by the global level of ambition but taking into account national circumstances. Each Government will also decide how these aspirational and global targets should be incorporated into national planning processes, policies and strategies” (p13).

Economic inequality within and among nations has soared to unprecedented levels, hampering poverty reduction, fuelling political instability and presenting new threats to the full spectrum of human rights. Against this backdrop, the adoption of the 2030 Agenda for Sustainable Development, through which states have pledged to reduce inequalities both within and between countries (Goal 10), has the potential to galvanise action to reverse this economic polarisation and to deliver an urgently-needed paradigm shift among and within governments. The Australian government has the capacity to lead and deliver in this aspect.
c. What governance structures and accountability measures are required at the national, state and local levels of government to ensure an integrated approach to implementing the SDGs that it both meaningful and achieves real outcomes

The structural and governance challenges for Australia in implementing and achieving the SDGs have multiple parts. Firstly, the Federation of Australia means that coordination is needed among multiple levels of government – Commonwealth, State and Territory, and local. One possible solution is to use the Council of Australian Government (COAG) system as a governance structure to encourage cooperation and coordination. An annual Prime Ministerial statement on progress would both help to ensure regular monitoring and accountability and also provide an indication of the level of support given to the SDGs. However, as the experience in Closing the Gap shows, using the COAG system and annual Prime Ministerial Statements is far from a guarantee of success.8,12 The PHAA recommends that implementation of the SDGs be a key priority for COAG.

Cross-sectoral collaboration to address underlying issues affecting multiple SDGs, and long-term funding commitments will also be essential to the success of an implementation plan for the SDGs in Australia. The recognition that funding housing infrastructure leads to improvements in health; that the provision of a nutritious breakfast improves school performance and attendance; and that secure employment helps the safety of women experiencing domestic and family violence are all examples of how addressing one issue has flow on benefits in other areas. This is relevant not only to addressing individual goals, but to the SDGs as a package. The interrelated nature of the SDGs is crucial to their implementation. For example, improvements made in SDG 5 (achieve gender equality and empower all women and girls) will reduce inequalities in Australia, thereby also working towards the achievement of SDG 10 (reduce inequality within and among countries). A detailed example is provided in Box 1 for early childhood development.13,14

The traditional siloed approach of buckets of money for specific purposes common to Australian government budgets does not easily support this approach.15 More flexible approaches to funding will be required.

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**Early Childhood Development (ECD): relationship with SDGs (Box 1)**

Goal 1 (No poverty): ECD is one of the most cost-effective strategies for poverty alleviation. Early brain development sets children up for the future and enables them to learn skills to flourish in a 21st century economy.

Goal 2 (Zero hunger): ECD interventions buffer the negative effect of stress thereby improving absorption of nutritional intake.

Goal 3 (Good health and well-being): ECD interventions early in life set a trajectory for good lifelong health. It can lead to lower incidence of cardiovascular and non-communicable diseases and can increase well-being.

Goal 4 (Quality education): Learning begins at birth. ECD interventions have proved to be the foundation for later learning, academic success and productivity.

Goal 5 (Gender equality): The link between ECD and women’s economic empowerment is clear. Greater investment in high-quality and affordable childcare is linked to greater opportunities for women’s economic advancement and empowerment.

Goal 8 (Decent work and economic growth): Adequate childcare is a critical element of the decent work agenda. Investments in professionalisation of the early childhood workforce contribute to full and productive employment, especially for women.

Goal 10 (Reduced inequalities): Inequality often begins before birth. ECD is a powerful equaliser. The first few years of a child’s life offers a window of opportunity to provide interventions that can close the inequality gap between children born into disadvantage and those born with many advantages.

Goal 11 (Sustainable cities and communities): ECD requires safe spaces that have sustainable, natural and biophilic features

Goal 12 (Responsible consumption and production): ECD programs help to set in place patterns of consumption, attitudes towards conservation and behavioural practices that will preserve the environment.

Goal 16 (Peace, justice and strong institutions): ECD interventions have the potential to instil values and behaviours to reduce violence and promote peace. ECD interventions have been shown to lead to lower rates of violence in the home and greater social cohesion.

Goal 17 (Partnerships for the goals): Measurement of ECD at global, regional and national levels can serve as a powerful tool
d. How can performance against the SDGs be monitored and communicated in a way that engages government, businesses and the public, and allows effective review of Australia’s performance by civil society

Continual engagement by government with business, academia, civil society and the public will be vital to the monitoring and review of the SDGs in Australia. With their cross-sectoral and interrelated nature, and the mixture of public and private/non-government organisation service provision in Australia, the information required to effectively monitor and report on performance will likely come from a range of sources.

Existing data sources may be suitable or easily adapted to suit monitoring and reporting requirements. For example, the Australian Early Childhood Development Index may be suitable to report against SDG Target 4.2 (by 2030 ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education). Gaps in data will need to be identified, and new data sources developed and maintained. Single data sources may be relevant to multiple goals. As with the overall implementation, some central overview will be required to identify gaps and linkages.

The Australian Bureau of Statistic collects wide ranging data on a number of issues and has commenced the collection of new data from a Time Use Survey (TUS) as a key input to inform policy makers of time spent by Australians on paid and unpaid work and caring, and how gender differences may affect economic participation. The ABS is collaborating on the Multi-Agency Data Integration Project (MADIP) that brings together social security administrative data, Census, tax data and Medicare/PBS data. Australia can report on most indicators, and there is a drive to split data by gender, disability, regional location and socio-economic status. The Department of Foreign Affairs and Trade (DFAT) is carrying the liaison on matters relating to Sustainable Development Goals and are consolidating responses from other Australian government agencies. The ABS will utilise existing data sources to meet its SDG reporting requirements.

e. What SDGs are currently being addressed by Australia’s Official Development Assistance (ODA) program

The resolution adopting the SDGs reaffirms the commitment of ODA to achieving “0.7 per cent of gross national income for official development assistance (ODA/GNI) to developing countries and 0.15 per cent to 0.2 per cent of ODA/GNI to least developed countries” (p11). This is a target Australia is yet to achieve, with reducing rather than increasing proportions in recent years, to a new low of 0.22% in 2016-17.

In 2012, finances flowing out of developing countries were 2.5 times the amount of aid flowing in, and gender allocations paled in comparison. Between 2014 to 2015 Australia’s gender equality focused aid decreased from 57% to 54%.

f. Which of the SDGs is Australia best suited to achieving through our ODA program, and should Australia’s ODA be consolidated to focus on achieving core SDGs

Having ‘core’ SDGs risks encouraging silos by diminishing cross-sectoral and cross-SDG collaboration.

The Overseas Development Institute recommends that high income countries, such as Australia, should:

- act on goals and targets that are moving in the wrong direction globally
- implement national policy frameworks coherent with global goals, especially in migration, trade and climate
direct partnerships in developing countries towards marginalised groups and regions, engaging with local government and civil society as well as national governments to fund policies supporting the commitment to leave no one behind

share good practice for strengthening global data systems in lower and middle-income countries. For example, the Australian Bureau of Statistics could assist countries in our region with statistical data collection and analysis.

g. How countries in the Indo-Pacific are responding to implementing the SDGs, and which of the SDGs have been prioritised by countries receiving Australia’s ODA, and how these priorities could be incorporated into Australia’s ODA program

Small island developing states, as many nations in the Indo-Pacific region are, have been highlighted in the resolution adopting the SDGs, as deserving special attention in the implementation of the SDGs. The PHAA has been in discussion with DFAT about playing a role in facilitating civil society, and particularly public health associations, in the Pacific.

h. Examples of best practice in how other countries and implementing the SDGs from which Australia could learn

With some general guidance only contained within the SDGs, it is acknowledged that there is great variation among countries in the methods and governance arrangements for implementing the SDGs. Common themes from early implementation are alignment with national development plans, strengthening capacity to coordinate work across sectors including through setting up dedicated government entities to ensure policy coherence and long-term visions to 2030, and designing creative awareness-raising campaigns and developing innovative partnerships for action.

The UN Development Group (UNDG) promotes an adapted version of the MAPS (Mainstreaming, Acceleration and Policy Support) approach for the SDGs:

- Mainstreaming to implement the 2030 Agenda at the national and local level, and integrating it into national, subnational and local plans for development, and subsequently into budget allocations
- Acceleration to target national and UN resources at priority areas identified in the mainstreaming process, paying special attention to synergies and trade-offs across sectors, bottlenecks, financing and partnerships, and measurement
- Policy support to ensure that the expertise of the agencies of the UN development system is made available in a timely and cost-effective manner

Raising public awareness

Examples of actions to raise awareness have included using traditional and social media, hosting events including artistic events, appointing prominent SDG ambassadors, conducting SDG training with government officials and journalists, and producing and distributing SDGs material in multiple languages.

Inclusive participation and incorporating gender mainstreaming across goals and targets

Examples of actions to ensure a multi-stakeholder approach have included ensuring the participation of all relevant Government departments, establishing a multi-stakeholder coordination mechanism or task force for implementation, and regular dialogue between government and civil society.
Horizontal coordination and coherence
Examples of actions to break down the silos have included establishing intergovernmental mechanisms for coordinating implementation at national and subnational levels, enacting legislation to systematically implement and monitor SDGs, and creating an SDG Secretariat within parliament.\(^{19}\)

Conclusion
PHAA strongly supports the implementation of the SDGs in Australia. However, we are keen to ensure their full potential is realised in line with this submission. We are particularly keen that the following points are highlighted:

- Australia is falling behind many other OCED countries on a number of the SDGs, and the disparities are far worse for some groups in our country such as Aboriginal and Torres Strait Islander people, and refugees; and further work is need to reduce gender disparities.
- The SDGs are interrelated and will require cross-sectoral and whole of Government approaches to be implemented properly both at the Federal level and across States, Territories and Local Government. The PHAA recommends that implementation of the SDGs be a key priority for COAG.
- Central coordination and oversight, with dedicated and consistent funding, will be required to ensure connections between the various goals and targets and underlying issues are addressed.

The PHAA appreciates the opportunity to make this submission and the opportunity to contribute to the implementation and realisation of the SDGs in Australia.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.

Michael Moore AM
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Public Health Association of Australia
Committee member for SDG 3

29 March 2018
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