Malaysian Family Physician
Official Journal of the Academy of Family Physicians of Malaysia
and Family Medicine Specialist Association of Malaysia

COMMENTARY

Sustainable Development Goals and the role of and implications for primary care physicians

Elil Renganathan, Philip Davies

Renganathan E, Davies P. Sustainable Development Goals and the role of and implications for primary care physicians. *Malays Fam Physician.* 2023;18:54. https://doi.org/10.51866/cm0005

Keywords:
Primary care physicians, Primary health care, Sustainable Development Goals (SDGs), Health care reform

Authors:

Elil Renganathan
(Corresponding author)
MD(Bonn), MSc (London), PhD (London)
School of Medical and Life Sciences
Sunway University, Bandar Sunway
Selangor, Malaysia.
Email: elil@sunway.edu.my

Philip Davies
MSc (Warwick)
School of Medical and Life Sciences
Sunway University, Bandar Sunway
Selangor, Malaysia.

Abstract

The Declaration of Alma-Ata in 1978 and the subsequent Declaration of Astana in 2018 highlight the important role of primary health care in delivering 'health for all' and supporting progress towards universal health coverage. Alongside these key declarations, the United Nations' Sustainable Development Goals (SDGs) establish an ambitious framework aimed at promoting sustainable development worldwide by addressing poverty, inequality, climate change, health and other global challenges by 2030. There has been progress in respect of many SDGs since their launch in 2015. Nevertheless, many challenges remain, and there will need to be a significant increase in effort if the 2030 targets are to be met in full. Primary health care in Malaysia has evolved in line with broader, global developments. Nonetheless, there are opportunities for the country's primary care physicians to do more to support efforts to achieve the SDGs, including those that extend beyond the health sector as conventionally defined. This paper outlines a number of areas where primary care physicians, fulfilling roles as clinicians, community members, managers of their practices and influential members of society, can contribute to promoting sustainable development in line with the SDG agenda.

Sustainable Development Goals (SDGs)

The United Nations (UN)' SDGs are a set of 17 goals aimed at promoting sustainable development worldwide by addressing poverty, inequality, climate change, health and other global challenges by 2030 (Figure 1). The SDGs were adopted by 193 countries including Malaysia at the UN General Assembly in 2015 and represent a comprehensive framework for achieving sustainable development worldwide.[1]

Figure 1. United Nations' Sustainable Development Goals.[1]

The SDGs represent the continuation of many decades of global efforts to promote sustainable development. In this regard, a critical milestone was the Rio Earth Summit in 1992 when countries adopted Agenda 21, a comprehensive plan of action to build a global partnership for sustainable development to improve human lives and protect the environment.[2] Following the Rio Summit, the Millennium Summit was held in 2000, wherein the Millennium Declaration led to the elaboration of eight Millennium Development Goals (MDGs) to guide global development efforts over a 15-year period.[3]

A report on progress by the end of the MDG period in 2015 identified 'profound achievements' in respect of all eight goals.[4] However, significant shortcomings remained in areas such as persistence of gender inequality, gaps between the poorest and richest households and between rural and urban areas, climate change and environmental degradation, conflict and the number of people continuing to live in poverty and hunger without access to basic services.

In 2012, mindful of the need for sustained and renewed efforts, the UN Conference on Sustainable Development (Rio+ 20) produced a member state-led outcome document titled 'The future we want', which set forth the process for developing a set of SDGs to build on the MDGs.[5] This led to the adoption of the 2030 Agenda for Sustainable Development at the UN Sustainable Development Summit in 2015, with the 17 SDGs at its core.

While one SDG (SDG 3: Good health and well-being) is specific to health, the other SDGs also reflect aspects of the social, environmental and political determinants of health and well-being. Furthermore, the theme of equity, captured by the mantra of 'leaving no one behind', is interwoven throughout the SDGs as a whole.

SDG 3 has 13 targets and 28 indicators measuring progress towards the following nine outcome targets: reduce maternal mortality; end preventable deaths under 5 years of age; fight communicable diseases; reduce mortality from non-communicable diseases and promote mental health; prevent and treat substance abuse; reduce road injuries and deaths; provide universal access to sexual and reproductive care, family planning and education; achieve universal health coverage (UHC)* and reduce illnesses and death from hazardous chemicals and pollution. Futhermore, there are four means of implementation targets: implement the World Health Organization (WHO) framework convention on tobacco control; support research, development and universal access to affordable vaccines and medicines; increase health financing and support health workforce in developing countries and improve early warning systems for global health risks.

At present, the SDGs for 2030 are at the mid-point in the timeline for accomplishment, and all signs indicate that there is no substantial progress towards achieving these goals. The COVID-19 pandemic has impacted all aspects of the well-being of people and the planet, and the SDGs are not exempt from its influence. From 2015 to 2019, the world made some progress on the SDGs; however, since the outbreak of the pandemic in 2020 and other simultaneous crises, progress has stalled globally.[6] This is also true for the Malaysian context.[7]

Despite this less-optimistic scenario, it is important to intensify global efforts and embark on a major whole-of-society and whole-of-government endeavour to contribute towards achieving the SDGs. In this context, primary care and family physicians have a critical role.

Role of primary care physicians in achieving SDG 3 and UHC

Historically, a defining moment in public health was the Declaration of Alma-Ata on Primary Health Care[8] in 1978. This declaration defines primary health care as 'the first level of contact of individuals, the family and community with the national health system'. In addition to the health sector itself, primary health care is viewed as encompassing 'all related sectors and aspects of national and community development in particular, agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors'.

* The WHO defines UHC as follows: 'all people have access to the full range of quality health services they need, when and where they need them, without financial hardship'.

Given the breadth of its scope, the Declaration of Alma-Ata mobilises an equally wide-ranging primary health care movement of professionals and institutions, governments and civil society organisations and researchers and grassroot organisations, tackling the politically, socially and economically unacceptable health inequalities in all countries. The Declaration of Alma-Ata is clear about the values sought after: social justice and the right to better health for all as well as participation and solidarity. There is a sense that progress towards these values requires important changes in the way health care systems operate and harness the potential of other sectors. However, the translation of the values into tangible reforms has been uneven.

Forty years later, in 2018, the Declaration of Astana[9] was adopted at the Global Conference on Primary Health Care, aiming to intensify efforts on primary health care to ensure that everyone everywhere is able to enjoy the highest possible attainable standard of health. Rather than seeking to settle on a rigid definition of primary health care, as in the Declaration of Alma-Ata, the Declaration of Astana focusses more on the broad characteristics and potential impacts of effective primary health care. It sees primary health care as 'a cornerstone of a sustainable health system for universal health coverage and health-related Sustainable Development Goals', which is 'the most inclusive, effective and efficient approach to enhance people's physical and mental health, as well as social well-being'.

The Declaration of Astana was endorsed by all countries at the WHO Health Assembly in 2019, thus renewing political commitment to primary health care from governments, non-governmental organisations, professional organisations, academia and global health and development organisations. This declaration also signified a shift from thinking largely from a perspective of diseases towards focussing more on the social determinants of health.[10]

Within the Malaysian context, the 12th Malaysia Plan (2021–2025), which focusses on building a prosperous, inclusive sustainable Malaysia,[11] indicates the need for redesigning health care services to ensure efficient and affordable health care delivery to the people. Measures focussing on strengthening health care policies, combatting communicable and non-communicable diseases and enhancing health care programmes for older persons, along with the capability of handling health crises, contribute to ensuring the quality and accessibility of health care services. The plan also envisages a blueprint for the Malaysian health care system, introducing a new pathway towards the transformation of the national health care system.

In line with the 12th Malaysia Plan and informed by a consultative process started in 2022, the Health White Paper (HWP) for Malaysia, titled "Strengthening people's health, future-proofing the nation's health system",[12] was developed and approved by the Parliament in June 2023. The HWP envisions a healthy nation, supported by an equitable, person-centred and resilient health care system that is prized and valued by the people. It highlights the challenges faced by the Malaysian health care system such as the ageing population, impact of social determinants of health, rising burden of non-communicable diseases coupled with the persistent problem of communicable diseases and hidden mental health epidemic. The paper proposes reforms covering critical areas such as health care service delivery, health promotion and disease prevention, sustainable and equitable financing and governance.

The HWP also recognises the importance of prioritising primary health care, thus moving from sick care to better health and well-being. It also advocates strengthened and more effective public–private partnerships to achieve better health outcomes for the people. These are important considerations for primary care physicians and other primary care health workers in Malaysia.

Specific contributions of primary care physicians in Malaysia towards achieving the SDGs

The essential role of primary care professionals in achieving primary health care and UHC needs to be acknowledged.[13] Malaysian primary care physicians are well placed to contribute to the achievement of the SDGs through their actions in a number of aspects. For the purposes of further discussion, we classify these aspects as follows:

- Clinical setting: working with individual patients to maintain and restore good health.
- Community: taking actions to promote good health through prevention and promotion among the communities they serve.
- Practice management: organising their professional practices in ways that respond to the social and environmental aspects of the SDGs.

- Advocacy: using their 'voice' and influence to drive initiatives towards 'health in all policies', encompassing a wide range of SDGs, at every tier ranging from local to national and international levels.

Clinical setting

The most apparent role of primary care physicians in achieving the SDGs is maintaining and restoring good health among individuals. In Malaysia, primary care physicians are often the first point of contact for individuals seeking health care services, and much of their day-to-day work seeks to 'ensure healthy lives and promote well-being for all at all ages' in line with SDG 3. Many of the targets associated with SDG 3 relate directly to the work of primary care physicians in areas such as maternal and child health (SDG 3.1 and 3.2), prevention and treatment of communicable and non-communicable diseases (SDG 3.3 and 3.4, respectively) and drug and alcohol abuse (SDG 3.5).

For instance, family physicians can promote good health and well-being by providing health education and counselling to individual patients and their families. They can educate them on the importance of maintaining a healthy lifestyle, including proper nutrition, exercise and stress management. They can also facilitate screening and early detection of chronic diseases such as diabetes and hypertension, which are prevalent in Malaysia.

There are additional areas where the ways in which primary care physicians plan and deliver clinical services can impact the SDGs. For example, ensuring that the fees they charge do not create financial barriers to some people accessing necessary care can support progress towards UHC (SDG 3.8). Further, the scope and mode of delivery of services can be shaped in ways that do not discriminate against women and girls (SDG 5.1).

Community

The work of primary care physicians often extends beyond clinically based interactions with individuals in ways that seek to achieve health-related benefits across wider communities. In particular, with their strong connections to their immediate communities and good understanding of the demographics, social determinants of health and community values, primary care physicians and other primary care health workers are in a unique position to exert influence on health outcomes.

Examples of how primary care physicians support progress towards SDGs through their role in their communities include designing and implementing health promotion programmes in certain areas such as sexual and reproductive health and family planning (SDG 3.7 and 5.6) as well as promoting road safety programmes (SDG 3.6).

Practice management

Globally, health care was estimated to generate approximately 4.6% of total greenhouse gas emissions in 2017.[14] It has been claimed that 'if health care were a country, it would be the fifth-largest emitter on the planet', with emissions greater than the total emissions generated by Japan.[15] While the overall contribution of primary care to this aspect is likely to be relatively small, there are opportunities for primary care physicians to choose goods, services and methods of care delivery that minimise their carbon footprint, thus contributing to SDG 13 – 'Take urgent action to combat climate change and its impacts'.

Beyond primary care physicians' environmental impact, there are other aspects of practice management that can contribute towards achievement of the SDGs. Measures to promote gender equality in recruitment and reward relate to SDG 5.1, while changes in areas such as safe handling of clinical waste (SDG 6.3), efficient use of water (SDG 6.4) and waste reduction (SDG 12.5) can also be relevant.

Advocacy

Primary care physicians are generally respected and influential members of society. As individuals in local communities and through their representative bodies at national and international levels, they can exert significant pressure to governments and other important decision-making bodies to work towards the achievement of the SDGs.

For example, the Malaysian Doctors for Women and Children focusses on "promoting women's empowerment, child protection and education".[16] Physicians are also actively engaged in campaigns to address climate change.[17] Further, the Doctors Against Diesel is a United Kingdom-based group led by doctors whose mission is "to reduce the impacts of air pollution on children's health", for example, by having highly polluting diesel vehicles banned from towns and cities.[18]

The respect given to physicians can also

establish a strong foundation on which to build political careers and thus play a significant role in effecting change at all levels of governments, including national governments. Malaysia's own Tun Mahathir Mohamad is just one example of a physician who held high office. Others include Leo Varadkar, the former Taoiseach (prime minister) of Ireland, and Hastings Banda, a leading opponent of colonialism who served both as President and later as Prime Minister of Malawi in the 1960s.

Conclusion

Through the Declaration of Alma-Ata and subsequently the Declaration of Astana, the international community has shown a strong commitment to primary health care and UHC.

The health-focussed declarations are complemented by the SDGs, which define a broad agenda for change over a 15-year period ending in 2030. While much has been accomplished, overall progress to date has been poor, with the COVID-19 pandemic and other factors combining to accentuate the challenges confronting governmental efforts.

Alongside their role as key players in delivering effective primary health care and thus supporting progress towards UHC in Malaysia, primary care physicians and other primary care health workers should be mindful of the opportunities they have to contribute to the broader SDG agenda.

Primary care physicians play a vital role as frontliners, who are frequently the first point of contact for individuals seeking health care services. Alongside their role in providing quality health care, they can also support progress towards the SDGs by promoting social inclusion and diversity, adopting sustainable practices and advocating for policies that promote equitable access to health care services. Primary care physicians are uniquely well placed to promote gender equality by providing comprehensive care that addresses women's health needs, including reproductive health services and maternal health care. They can also contribute to achieving the SDGs more broadly by adopting sustainable practices in their health care facilities, such as reducing energy consumption and waste generation, promoting recycling and using environmentally friendly products.

References

1. United Nations. Sustainable Development Goals. Accessed June 28, 2023. https://sdgs.un.org/goals
2. United Nations Conference on Environment & Development. Agenda 21. 1992. Accessed June 28, 2023. https://sustainabledevelopment.un.org/outcomedocuments/agenda21
3. United Nations. Millennium Development Goals. Accessed June 28, 2023. https://www.un.org/millenniumgoals/
4. United Nations. MDG Report 2015. Accessed June 28, 2023. https://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20Summary%20web_english.pdf
5. United Nations Department of Economic and Social Affairs. Future we want – outcome document. Published 2012. Accessed June 28, 2023. https://sustainabledevelopment.un.org/futurewewant.html
6. Sachs, J., Kroll, C., Lafortune, G., Fuller, G., Woelm, F. (2021). The Decade of Action for the Sustainable Development Goals: Sustainable Development Report 2021. Cambridge: Cambridge University Press.
7. Malaysia – Sustainable Development Report-SDG Index 2021. Accessed June 28, 2023. https://dashboards.sdgindex.org/profiles/malaysia
8. World Health Organization. Declaration of Alma-Ata on Primary Health Care, 1978. Accessed June 28, 2023. https://www.who.int/publications/i/item/9241800011
9. World Health Organization. Declaration of Astana. Oct 26, 2018. Accessed June 28, 2023. https://www.who.int/publications/i/item/WHO-HIS-SDS-2018.61
10. CSDH (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization.
11. Ministry of Economy Malaysia. Twelfth Malaysia Plan (2021-2025) - a prosperous, inclusive, sustainable Malaysia. Accessed June 28, 2023. https://rmke12.epu.gov.my/en
12. Ministry of Health Malaysia (2023). Health White Paper for Malaysia – strengthening people's health. Putrajaya, Ministry of Health Malaysia.
13. van den Muijsenbergh M, van Weel C. The essential role of primary care professionals in achieving health for all. *Ann Fam Med*. 2019 Jul;17(4):293–295. doi:10.1370/afm.2436
14. Karliner J, Slotterback S, Boyd R, Ashby B, Steele K, Wang J. Health care's climate footprint: the health sector contribution and opportunities for action. *Eur J Public Health*. 2020 Sep;30(5). doi:10.1093/eurpub/ckaa165.843

15. Watts N, Amann M, Arnell N, et al. The 2020 report of The Lancet Countdown on health and climate change: responding to converging crises. *Lancet*. 2021;397(10269):129–170. doi:10.1016/S0140-6736(20)32290-X

16. Malaysian Doctors for Women & Children. Health equity for women & children. 2023. Accessed June 28, 2023. https://msiandocs4women.com/

17. Mahase E. Hopeful not helpless: how doctors are combating climate change. *BMJ*. 2022;o2429. doi:10.1136/bmj.o2429

18. Doctors Against Diesel. Doctors Against Diesel: who we are. Accessed June 28, 2023. https://doctorsagainstdiesel.uk/