The United Nations millennium development and post-2015 sustainable development goals: Towards long-term social change and social stability
An Introduction

Ulrich Laaser[1], Vesna Bjegovic-Mikanovic[2]

[1]Faculty of Health Sciences, University of Bielefeld, Bielefeld, Germany;

[2]University of Belgrade, Faculty of Medicine, Centre School of Public Health and Management, Belgrade, Serbia.

Corresponding author: Prof. Ulrich Laaser, Section of International Public Health, Faculty of Health Sciences, University of Bielefeld;
Address: Faculty of Health Sciences, University of Bielefeld, POB 100131, D-33501, Bielefeld, Germany;
E-mail: ulrich.laaser@uni-bielefeld.de

Most Millennium Development Goals (MDGs) show considerable progress on a global scale, but advance is inequitable if one, for example, compares the improvement in health between Sub-Saharan Africa and Eastern Asia, or even other developing countries (1). Whereas health and its social determinants play a major role in the debate on the post 2015 Sustainable Development Goals (SDGs), another major issue is only marginally mentioned, the devastating impact of armed conflicts. Conflict and war produce specific vulnerable groups: women, children, the elderly, and the special risk groups of technologically and drug dependent patients (intensive care, dialysis, incubator, radiotherapy, and chemotherapy). Moreover, 90% of the victims in modern wars are civilians; always war causes mental health damage with long-term outcomes even in the next generation.

Although, for example, one of the latest documents (5-9 May 2014) of the United Nations (UN) Sustainable Development Knowledge Platform, the Working Document for the Eleventh Session of the Open Working Group on SDGs (2), devotes its last 16th focus area to peaceful and inclusive societies, typically that section deals only – important enough – with crime, violence, and exploitation especially of children and women. Similarly, in the 'Health We Want' report (1) security takes up a page (p. 35), but fig. 1 (p. 42) pictures the 16 commissions, conferences etc. before and after the turn of the century. The summarizing 10 principles and 6 new health goals (p. 54) do not refer to the social causes and the prevention of armed conflict at all. Also, the UN Economic and Social Council (ECOSOC) seem to concentrate on countries emerging from conflict (3,4) in contradiction to the mission statement on its homepage referring to prevention.

Armed conflicts cause more deaths and permanent invalidity than most diseases [in the 20th century averaging to 460.000 deaths per year (5)] and analyses show that the fragile states at the lowest Human Development Index (HDI) level contribute to most of the lack of achievement of the MDGs. The SDG debate has to be re-adjusted to the dominating problem of security in large parts of the world. In the joint statement of the UN Platform on Social Determinants of Health (6), declared as an informal document, one of the chapters deals with conflict and fragility but the solutions offered do not seem to be very realistic e.g. expecting that developing health and information systems are possible to a relevant degree in a situation of conflict, and implicitly could prevent armed conflicts; rather, peace and security are a precondition for developing stable and sustainable health systems. Hence, the third claim here, namely to strengthen the policy making functions, seems to be much more to the point. This request corresponds in a way to the results of the global survey of the World Federation of Public Health Associations on the experience of public health professionals from 71 countries with the MDGs (7-9), where the importance of "politics" was ranked highest in all continents, in particular by official spokespersons of public health associations.

The modern concept of public health carries a great potential for healthy and therefore less aggressive societies. Development of the health systems has to contribute to peace, since aggression, violence, and warfare are among the greatest risks for health and economic welfare (10). On the other hand, world military expenditure in 2013 totalled $1.75 trillion (11), more than enough to make a difference in people's health across the world.

Building on his book, *Transforming Medical Education for the 21st Century: Megatrends, Priorities and Change* (12), George Lueddeke, a global consultant in Higher and Medical Education, advances arguments along similar lines in a forthcoming publication, *Global Population Health and Well-Being in the 21st Century: Towards a New Worldview* (published by March 2015). The South Eastern European Journal of Public Health (SEEJPH) publishes in advance the chapter on the UN-MDGs and the ongoing debate on the post-2015 Sustainable Development Goals (SDGs).

In total, the book comprises nine chapters, which range from historical perspectives on public/population health to contemporary challenges, including those triggered by 'modernity', which might benefit from 'fifth wave' interventions and the need to consider a new worldview. The author reviews the collective impact that external drivers are having on public health education and offers specific suggestions for modernizing public health curricula and learning. The volume includes an Epilogue on 'Global Health, Governance and Education', developed over the past few years by a think tank of 35 senior practitioners from 27 nations. It emphasizes that the core focus of the post-2015 SDGs needs to go beyond 'sustainable development' and take its lead, as many others have advocated, from achieving *Global Justice - Peace, Security and Basic Human Rights*.

References
1. Health in the post-2015 agenda - report of the global thematic consultation on health, April 2013: p.45. http://www.worldwewant2015.org/health (accessed: June 13, 2014).
2. Working Document for the Eleventh Session of the Open Working Group on SDGs. http://sustainabledevelopment.un.org/content/documents/3686WorkingDoc_0205_add itionalsupporters.pdf (accessed: June 13, 2014).
3. UN Economic and Social Council. http://www.un.org/en/ecosoc/about/peacebuilding.shtml (accessed: June 13, 2014).
4. Jonnalagadda Haar R, Rubenstein L. Health in post-conflict and fragile states. United States Institute of Peace, 2012.
5. Garfield, RN, Neugut AI. Epidemiologic Analysis of Warfare, a Historical Review. JAMA 1991;266:688-92. DOI:10.1001/jama.1991.03470050088028.
6. Health in the post-2015 development agenda: need for a social determinants of health approach; Joint statement of the UN Platform on Social Determinants of Health (undated). http://www.who.int/social_determinants/advocacy/health-post-2015_sdh/en/ (accessed: June 13, 2014).
7. Lomazzi M, Theisling M, Tapia L, Borisch B, Laaser U. MDGs – A public health professional's perspective from 71 countries. J Public Health Policy 2013;34:e1–e22. DOI:10.1057/jphp.2012.69.
8. Lomazzi M, Borisch B, Laaser U: The Millennium Development Goals: experiences, achievements and what's next. Global Health Action 7 (2014). http://www.globalhealthaction.net/index.php/gha/issue/current (accessed: June 13, 2014).
9. Lomazzi M, Laaser U, Theisling M, Tapia L, Borisch B: Millennium development goals: public health professionals claim their role in the political debate. GHA 2014 (submitted).
10. Laaser, U., D. Donev, V. Bjegovic, Y. Sarolli: Public Health and Peace (editorial). Croat Med J 2002;43:107-13.
11. Stockholm International Peace Research Institute (SIPRI). http://www.sipri.org/media/pressreleases/2014/Milex_April_2014 (accessed: June 13, 2014).
12. Lueddeke G. Transforming Medical Education for the 21st Century: Megatrends, Priorities and Change. London: Radcliffe Publishing, 2012.

_____