

# POLICY BRIEF

## Health in the Post-2015 Agenda<sup>1,2</sup>

### HOW SHOULD HEALTH FEATURE IN THE POST-2015 AGENDA?

The United Nations General Assembly will meet in 2015 to decide on new development goals to succeed the current Millennium Development Goals (MDGs). Key issues currently being debated include:

- the extent to which the post-2015 development process will retain and build on some or all of the existing MDG targets, a number of which will remain unmet in 2015
- the extent to which health will be incorporated into the post-2015 development goals, including sustainable development goals, either as a distinct field or subsumed under other goals

Widely differing views<sup>3</sup> about the nature and content of the post-2015 agenda are being expressed through a range of channels, meetings and processes organised by the UN, including a high-level panel, a series of thematic consultations and a global survey of public opinion. It is notable that, in the global survey of civil society views, education has emerged as the highest priority, closely followed by health and then by ‘an honest and responsive government’.

The post-2015 development process will be central in shaping the global health agenda and approaches to governance for global health in the decades to come. It will also determine the role that the UN system will play in the governance of global health and in the production of global public goods for health.

The positioning of health in this process at the UN has yet to be resolved. Following the thematic consultations carried out by WHO and UNICEF<sup>4</sup>, and a high-level dialogue<sup>5</sup> that took place in Botswana in March 2013, three trends are emerging that may help to shape a framework for health goals:

- the acknowledgement that health and development are inextricably linked
- proposals for an overarching health development goal aimed at “maximising health at all stages of life”
- discussions about accessible and affordable health services for all through a goal on universal health coverage

Another forward-looking suggestion is to relate people’s health to the sustainable development agenda through a vision that links healthy people with a healthy planet.

As these ongoing discussions demonstrate, the complex nature of health as both an input and outcome of development requires a systemic and new approach towards the post-2015 agenda.

**Will health be best served through ‘separate’ health goals, most of which need to be achieved at national level, or should it be dealt with through universal goals requiring global collective action?**

This question was central to the public seminar organised by the Global Health Programme of the Graduate Institute of International and Development Studies in Geneva, on 2 May 2013, on the theme ‘**Health in the Post-2015 Agenda**’. The event aimed to help prepare for the 66th session of the World Health Assembly and its General Debate focusing on health in the post-2015 agenda. This policy brief highlights the main lessons emerging from those discussions and the key issues for debate.



**Michel Sidibé** Executive Director of UNAIDS, delivering the keynote address at the seminar, noted the importance of ensuring that the MDG achievements are not lost, and that unfinished business must remain central to the post-2015 development agenda. Geopolitical changes in the last two decades meant that a new narrative was now needed in which, among others, Africa, the private sector and civil society must play more prominent roles and low- and middle-income countries must assume their share of responsibilities. The obsolete development paradigm must be replaced by a people-centred approach, with health as an entry point for human rights.

## MAIN ISSUES RAISED IN THE SEMINAR

### Reflections on the MDGs

The MDGs have been an important framework negotiated at the UN. The commitments generated around the goals, the setting of measurable targets and the inception of a framework for global accountability have advanced development, as exemplified by the progress witnessed in combating poverty and HIV/AIDS.

Given the effort expended and progress made in reaching the MDG goals, it would be damaging to the UN system's credibility if this momentum were not preserved and sustained, and if the remaining unfinished business were not addressed within the new post-2015 development agenda.

Areas that need further addressing within the MDG framework are:

- Progress on hunger, gender equality and maternal mortality is likely to fall short of the targets set. Goal 8 (forging effective international partnerships for development) has been one of the least successful.
- The MDGs encouraged a silo mentality, with very specific targets being tackled in a vertical manner. The post-2015 agenda should be constructed around a more people-centred and overarching approach to goals – one that avoids fragmentation and, instead, encourages joined-up and partnership-based solutions.

- The MDGs lacked an equity focus, with targets giving attention to averages that mask large differences within and between various groups. Equity should be 'hard-wired' into the post-2015 development goals.
- The MDGs have ignored non-communicable diseases (NCDs), although these are now the main causes of morbidity and mortality in the world, including in low- and middle-income countries (LMICs).

One important lesson from the MDGs is that civil society must play a central role in development activities. Involvement is not enough: communities must be empowered to define solutions that work best for them.

There is some sense of frustration that aspects of the MDGs are taking so long to be achieved compared to progress in other areas. For example, it is notable that, in the past ten years, it has been possible to register 540 million mobile phone users in Africa, yet there is still inadequate immunisation coverage. This raises the issue of the involvement and cooperation of the private business sector.

The debate on the post-2015 agenda requires two tracks: one on sustaining momentum on the MDGs, the other on sustainable development goals – with coherence between the two.

## THE CHANGING GEOPOLITICAL LANDSCAPE AND THE POST-2015 AGENDA

### The world has changed since the MDGs were constructed

The world has changed significantly since the MDGs were being formulated in the late 1990s. Some of the key differences are as follows:

- There have been seismic shifts globally at the political level, leading to a more complex and multipolar scene where there are tendencies both for greater integration and for the development of regional clusters.
- Emerging economies can play a major role in new partnerships for development.
- Africa's development has advanced considerably in the

last decade, with a number of countries showing substantial rates of economic growth, a strengthening of democratic processes, advances in the social sectors, and greater engagement in a wide range of international initiatives.

- While the poorest populations – which were the focus of the MDGs – were predominantly living in low-income countries, at the outset of the next development period 80% of the world's poor will be living in middle-income countries (MICs).

## ON THE OVERALL POST-2015 AGENDA

### Smart sovereignty

The combination of national and global interests that now applies requires a new global narrative of 'smart sovereignty'.

Global governance must be built from the top down and from the bottom up. Countries that have not, so far, been involved must be included. BRICS and MICs must be fully engaged, not just financially but by offering solutions and innovations.

Accountability at all levels is crucial, to enable citizens within the global system to demand their rights, and to build a citizen-led process of regulation and monitoring.

### Reforming the global architecture

The post-2015 debate must start, not end, with global governance – **just governance in an interdependent world**. Health must play

a strong and highly visible role in this. Multilateral institutions, like WHO, have a vital role to play; but also, good governance of health begins at home, with national and international actions by states.

The proliferation of international agencies and initiatives is detrimental to achieving effective progress. In the area of health, it was argued that three agencies would suffice:

- 1. a strong normative agency setting agendas and backed by technical expertise
- 2. a funding mechanism to address global health
- 3. a global advocacy and accountability mechanism

Extensive, accurate data is needed to foster strong public accountability and to enable dialogue with civil society.

### Rights and shared responsibilities

The Rio+20 process<sup>6</sup> has emphasised the right to development and has included a strong commitment to health in its final declaration.

The changing development paradigm necessitates a shift to shared responsibility in which countries mobilise internal resources to contribute to key development objectives, such as

good health, which are complemented by official development assistance (ODA) and international funding.

Ways must be found to include civil society and the private sector in the dialogue, and to engage them in health promotion and prevention as well as in the delivery of effective, affordable and good-quality services.

## HEALTH: ITS NATURE AND ROLE IN THE POST-2015 AGENDA

### The changing health paradigm

The development paradigm has changed greatly since the 1970s and good health is now recognised as central to development – both as a driver of and a beneficiary of the development process.

A further important shift in attention has been to move from a focus on diseases to a focus on global health in a people-centred approach, and to using health as an entry point for human rights (e.g. addressing intravenous drug use, violence against women and the right of access to treatment).

Nevertheless, health ministers still face difficulty in persuading their colleagues in finance ministries that health is a good investment. One challenge is that all health reporting focuses on the input side, showing health as a cost rather than as an output, demonstrating the impact of investments, as well as the achievement of goals, including reduced mortality and morbidity, and the benefits to the state.

### Health and global public goods

A debate is taking place about which aspects of health can be regarded as public goods. It is important to clarify this issue so that the public goods required to ensure good health, both nationally and globally, can be properly understood and managed. Health is, in any case, part of a wider commitment to social sustainability.

There is a need for a broader rethink about the global public good (GPG) character of a whole range of priority issues including health, food, water, energy and the environment, with an emphasis on a redefinition in political rather than just economic terms, and the understanding that, in a globalised world, externalities affect everyone.

Agreement is needed on how to finance GPGs, with ODA refocused on both GPGs and global solidarity. Mechanisms must be found that discourage free-riding on the investments made in global health.

### How is health to be included in the post-2015 agenda?

It is recognised that there is pressure from many interest groups and sectors to have their particular concerns incorporated as new goals after 2015. The centrality of health to development in every country makes the case for its inclusion overwhelming: health is both a beneficiary of and a contributor to development and, as a well spring of economic and personal well-being, **health is an indicator of what the post-2015 agenda is seeking to achieve.**

The key challenge is to decide how health should be incorporated.

- One approach is to have a set of goals that are based on subject matter; there could then be a ‘health headline’ under which an inclusive health framework is developed.
- Universal health coverage (UHC) has become widely accepted as a key goal of countries in all regions of the world and is being seen by many as a unifying principle for health in the post-2015 agenda. It is understood, however, that UHC is not itself an outcome, but a means to the desired outcome of improving health and reducing health inequities. To achieve UHC, strong health systems that each country creates for itself are necessary. It is also recognised that an approach that exclusively focuses on access to health services, affordability and quality would overlook the need to address the wider determinants of health; the significant contribution of social determinants to the health of populations cannot be neglected. Health outcomes can and should also be achieved through goals that are not specific to health; the best approach is one based on ‘health in all policies’.

*Universal health coverage means that all people have access to the health services they need (prevention, promotion, treatment, rehabilitation and palliative care) without the risk of financial hardship when paying for them. UHC requires a strong, efficient and well-run health system, affordability, availability of essential medicines and technology, and sufficient capacity of well-trained, motivated health workers, and actions to address social determinants of health.<sup>7</sup>*

- The post-2015 agenda must deal with the high and growing prevalence of NCDs in all regions. About two-thirds of global mortality (of which about 80% occurs in LMICs) is now due to NCDs, and they will result in costs of about USD 30 trillion globally over the next ten years. This provides a strong link to the sustainability goals related to unsustainable production and consumption.
- One key aspect of the human life course is sexual and reproductive health (SRH); many lives are lost because SRH is not addressed, or is only addressed as a technical rather than a social issue. Access to services, counselling and contraceptive services for young people are key, with young people having an important role to play in setting the SRH agenda and follow-up. It is also critical to women’s health.
- It is also important to clarify how health is contributing to the achievement of other goals.

### Data, monitoring and accountability

It is important that the best scientific evidence available informs the discussion of health in the post-2015 agenda. The UNDP's Human Development Index has provided a very important window through which one can observe and understand people-centred development, with health playing a central role as an input and output.

The EU's Go4Health project is taking a legally defined 'right-to-health' approach as its basis. The clarification of shared governance and responsibility that it is providing emphasises the need for a clear, mutually binding contract – a '**global social contract for health**'.

It is necessary to put in place an accountability mechanism for the post-2015 agenda – following the principle of 'measure what you treasure'. A particular challenge is how to measure the application of principles such as rights.

### Roles and responsibilities

The development aid system is being challenged radically. Development is not only about ODA, and not only about what traditional donors can do, but about what national economies can afford to contribute nationally and internationally. Today, the majority of the world's poor live in emerging economies who are challenged with internal redistribution. So there needs to be greater emphasis on what countries themselves can achieve and how they finance their health systems, with partnerships playing an increasingly important role. Horizontal task sharing will become even more essential as many actors implement initiatives in this multi-polar world. This will also require a networked

governance system. At the same time, it will also be important to find ways of minimising the volatility of funding in those low income countries where health budgets depend on ODA in order to protect health system planning in the longer term.

As health care costs increase, the greater involvement of the private sector is seen, in many quarters, as an essential part of the solution. Engaging with the private sector is not just about finance: 'talk to minds as well as pockets'. Make the private sector part of the solution – then it will enhance health in its business models and scale up.

Civil society must also be included: people must be involved in decisions that affect their lives.

### Principles

A universal, truly global agenda is needed, rather than a division between North and South. The new agenda should emphasise North–South and South–South cooperation. It must balance meeting present needs with safeguarding the long-term health of the planet; and be concrete, understandable and achievable.

People want to participate in setting the agenda and should be encouraged to do so through broad consultations, while ultimately it is for governments to negotiate what they agree to.

The timescale for the post-2015 agenda is a key issue regarding the types of goal and the detail of targets, if these are to be realistic and achievable.

It is also important to maintain investment in research and development and to build on the existing regulatory framework.

## SUMMARY OF KEY ISSUES

### Constructing the agenda

- Understanding the changing geopolitical landscape is crucial.
- The unfinished MDG agenda must be included.

### Placing health in the post-2015 agenda

- Health must be integrated into a broader social determinants agenda.
- Global goals must be translated into regional and national targets.

### Reassessing global public goods

- It is now timely to reflect, review and rebuild on the concept of GPGs. Not all health goods are GPGs, but issues such as obesity and environmental health hazards seem to fall clearly within the GPG-for-health area.
- The GPG discussion cannot be dissociated from the issue of governance and what governance means in a global world: Global interests are at play and they require collective action through norms, rules and regulations at global level. Consequently, global institutions need to be reformed and strengthened and a global governance system needs to be built from the top and the bottom.
- Better clarity is needed on what universal health coverage entails and how UHC translates into a global social contract.