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# **Monitoring the achievement of the health-related Millennium Development Goals**

## **Health in the post-2015 development agenda**

### **Report by the Secretariat**

1. The Millennium Development Goals have proven to be a powerful force in maintaining support for health as a crucial element of development. The simplicity of the framework, readily understandable objectives, and the focus on quantitative monitoring have proved durably engaging. Securing the place of health in the next generation of global goals is a priority for WHO.
2. Member States have given clear mandates at the United Nations High-level Plenary Meeting on the Millennium Development Goals (New York, 20–22 September 2010) and the United Nations Conference on Sustainable Development (Rio+20; Rio de Janeiro, Brazil, 20–22 June, 2012) on how the process of preparing for the United Nations' post-2015 development agenda should unfold.
3. The current Goals were conceived as a compact between what developing countries aspired to achieve and what the developed world needed to do to ensure achievement of the Goals. Future goals are more likely to be framed in terms of global challenges that require shared solutions involving all societies.
4. The debate on how new goals should be formulated takes place in very different circumstances from those that pertained when the current framework was developed. Specifically, it is clear that the way goals and indicators are defined shapes how the world understands development, and thereby influences future political agendas and resource allocation. The process therefore needs to be more consultative than in the past.
5. This report summarizes processes that have been established in response to both mandates (see paragraph 2), focusing on the several streams of work taking place in the lead up to a final review of the current Goals at a high-level meeting during the sixty-eighth United Nations General Assembly, due to be held in September 2013. It also outlines an emerging narrative in relation to health, showing how health in the post-2015 environment can provide a link between concerns for sustainable development and poverty reduction – meeting the needs of people and the planet.

### **PROCESS**

6. At the Rio+20 conference Member States agreed to establish an Open Working Group composed of 30 members nominated from the five United Nations regional groups that will prepare a set of sustainable development goals. The Group will present its report to the sixty-eighth United Nations General Assembly in September 2013. As at November 2012, the Group had not yet begun its substantive work.

7. In June 2012 the United Nations Secretary General convened a High-level Panel of Eminent Persons, co-chaired by the Presidents of Indonesia and Liberia and the Prime Minister of the United Kingdom of Great Britain and Northern Ireland. The Panel includes leaders from civil society, the private sector and government. It has an independent secretariat and will report to the Secretary-General by 31 May 2013.

8. As an input to its deliberations, the High-level Panel received a report from a United Nations System Task Team representing organizations from across the United Nations system.<sup>1</sup> The report sets out a broad framework for post-2015 based on inclusive economic development, environmental sustainability, inclusive social development (including health), and peace and security, underpinned by human rights, equality and sustainability. The main report was accompanied by thematic papers, including one on health written by WHO in partnership with UNICEF, UNFPA and UNAIDS.<sup>2</sup>

9. In parallel, the United Nations Development Group is leading efforts to stimulate a “global conversation” on the post-2015 agenda through a series of at least 100 national consultations, regional consultations facilitated by the United Nations Regional Economic Commissions, a citizen outreach programme, and nine thematic global consultations. The topics covered are inequalities, population, health, education, economic growth and employment, conflict and fragility, governance, environmental stability, food security, and nutrition. WHO is jointly leading the health thematic process with UNICEF, with Botswana and Sweden as the lead Member States.

10. To coordinate all these streams of work the Secretary-General is supported by a Special Adviser on Post-2015 Development Planning. The Special Adviser is an ex-officio member of the High Level Panel and, working as part of a senior coordination group, will ensure links between the Open Working Group and other parts of the consultative process. Her work in health is supported directly by WHO.

## GLOBAL CONSULTATION ON HEALTH

11. The thematic consultation on health, which started in October 2012 and will continue until March 2013, draws in a wide range of stakeholders. Consultations are held with Member States, civil society organizations, the private sector, and academics through meetings, a call for papers, and a web-based platform.<sup>3</sup> The main output will be a document synthesizing lessons learnt and recommendations on how health should be reflected in the post-2015 development agenda which will be submitted to the High Level Panel and the Secretary-General after a final high-level meeting in Botswana in early March 2013.

12. As part of the process WHO conducted an information session for Member States on 14 September, 2012 and a briefing by the Special Adviser on Post-2015 Development Planning in late October. A further consultation for Member States is planned to be held in Geneva on 14 December 2012. As background, the Secretariat has prepared a discussion paper which is posted on the WHO and United Nations web sites.<sup>4</sup>

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<sup>1</sup> UN System Task Team on the post-2015 UN development agenda. *Realizing the future we want for all; report to the Secretary-General*. New York, United Nations, 2012.

<sup>2</sup> Positioning health in the post-2015 development agenda: WHO discussion paper, [http://www.who.int/topics/millennium\\_development\\_goals/post2015/WHODiscussionpaper\\_October2012.pdf](http://www.who.int/topics/millennium_development_goals/post2015/WHODiscussionpaper_October2012.pdf) (accessed 22 November 2012).

<sup>3</sup> <http://www.worldwewant2015.org/health> (accessed 21 November 2012).

<sup>4</sup> UNAIDS, UNICEF, UNFPA, WHO. UN System Task Team on the post-2015 UN development agenda: health in the post-2015 UN development agenda – thematic think piece, [http://www.un.org/en/development/desa/policy/untaskteam\\_undf/thinkpieces/8\\_health.pdf](http://www.un.org/en/development/desa/policy/untaskteam_undf/thinkpieces/8_health.pdf) (accessed 22 November 2012).

## HEALTH IN THE POST 2015 AGENDA: AN EMERGING NARRATIVE

13. Health is central to development: it is a precondition for, and an indicator and outcome of, progress in sustainable development. Nevertheless, while there is no doubt that health must have a place in the next generation of development, a convincing case must be made for how a health goal should be framed. At least three sets of issues need to be addressed.

14. First, although in many low-income and middle-income countries improvements in health over the past decade have been impressive, it will still be some time before achievement of the existing Goals can be fully assessed. Also, much has to be done after 2015 to sustain the gains that have been made to date and to ensure more equitable levels of achievement across countries, populations and programmes. There is thus a need (a) to continue to ensure progress towards the current set of health goals; (b) to back national efforts with the advocacy required to sustain the necessary political commitment and financial support; and, crucially, (c) to maintain levels of investment in national and international systems for tracking results and resources. In short, the unfinished agenda in relation to the current set of health-related Millennium Development Goals must be the starting point and incorporated into the framework for future years.

15. Secondly, the agenda for global health is changing in ways that influence how priorities for development will be defined in the future. The major change is the political recognition of the societal and economic impact of noncommunicable diseases. However, the implication is not that noncommunicable diseases replace other priorities. Rather it is that people should have access to all the services they need and that action extends to the social, economic and environmental determinants of health, not just the biomedical causes of illness. There is also a greater recognition of the need to focus on means as well as ends: health as a human right; health equity; equality of opportunity; global agreements that enhance health security; stronger and more resilient health systems; innovation and efficiency as a response to financial constraints; addressing the economic, social and environmental determinants of health; and multisectoral responses that have health as an outcome of all policies.

16. Thirdly, the development agenda post-2015 is being debated at a time when sustainable development is in the political foreground. In addition to the fact that healthy people have stronger cognitive and physical capabilities and, in consequence, make more productive contributions to society, health policy *contributes* to poverty reduction through the financial protection inherent in universal health coverage. In addition, health is a potential *beneficiary* of policies in a wide range of other sectors such as transport, energy and urban planning.

17. The link between sustainable development and poverty reduction will be central to the debate around sustainable development goals. Health outcomes can be defined precisely and are measurable, and health concerns are immediate, personal and local. Measuring the impact of sustainable development on health can generate public and political interest in a way that builds popular support for policies that have more diffuse or deferred outcomes (such as reducing CO<sub>2</sub> emissions).<sup>1</sup> Similarly, health is an important component of other holistic approaches to development that seek to replace or supplement gross domestic product as the main indicator of economic progress. WHO's work on health as a measure of progress in other sectors illustrates a practical way of ensuring closer integration across the economic, social and environmental pillars of sustainable development.

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<sup>1</sup> WHO is working with a wide range of stakeholders on how health can be used as a measure of progress in sectors such as sustainable energy that may themselves be the subject of future goals. In addition WHO is working with UN Water and the United Nations Secretary-General's Advisory Group on Water and Sanitation on framing a water-related goal. Using health as a measure of progress in other sectors, and framing goals that have a direct positive impact on health (such as drinking-water and sanitation) complements the overall strategy of framing one or more overall health goals.

## UNIVERSAL HEALTH COVERAGE AND HEALTHY LIFE EXPECTANCY

18. The goal of universal health coverage can potentially accommodate the range of health-related concerns discussed above. It has two interrelated components: coverage with needed health services (prevention, promotion, treatment and rehabilitation) and coverage with financial risk protection, for everyone.<sup>1</sup> Achieving universal health coverage is a dynamic process. It is not about a fixed minimum package but making progress on several fronts: the range of services that are available to people; the proportion of the costs of those services that are covered; and the proportion of the population that is covered.

19. Moving towards universal coverage requires a strong, efficient health system that can provide good-quality services for a broad range of countries' health priorities. Access to needed services improves or maintains health, allowing people to earn incomes, and children to learn – providing them with a means to escape from poverty. At the same time, financial risk protection prevents people from being pushed into poverty because of out-of-pocket payments for health. Universal health coverage is thus a central component of sustainable development *and* poverty reduction.

20. Using universal health coverage as an overarching goal also offers a way of accommodating and maintaining the visibility of other internationally-agreed health goals that relate to specific diseases as sub-goals. It is, by definition, a practical expression of the concern for health equity and the right to health.

21. Clearly, although the two components of universal health coverage are valued for their own sake, they also contribute to reductions in mortality, morbidity and disability in all populations. In this sense, an increase in life expectancy is not an *alternative* goal, but an outcome of progress toward universal health coverage.

22. Healthy life expectancy would be even better, provided difficulties in measurement are solved, as it captures not just mortality, but morbidity and disability as well. The health sector is, however, only one contributor to increasing (healthy) life expectancy, which also depends on a wide variety of other factors, including broader development policies and other social, economic and environmental determinants of health. Life expectancy is therefore better seen as an overarching measure of all aspects of development including, but not limited to, health.

## CONCLUSION

23. New health goals will influence the programmatic component of WHO reform. The strategic priorities in the twelfth general programme of work should therefore reflect the next set of health-related global goals. The aim of this report is to stimulate discussion among Member States about how future goals for global health should be framed and measured and to develop a convincing narrative around the place of health in the global agenda. The expression of a common voice and clear narrative on the part of the health sector will exert a powerful influence on what will inevitably be a difficult and complex process.

## ACTION BY THE EXECUTIVE BOARD

24. The Board is invited to note this report.

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<sup>1</sup> *The world health report 2010*. Health systems financing: the path to universal coverage. Geneva, World Health Organization, 2010.