Monitoring the achievement of the health-related Millennium Development Goals

Health in the post-2015 United Nations development agenda

Report by the Secretariat

1. In May 2013, the Health Assembly in resolution WHA66.11 requested the Director-General “to include the discussion of health in the post-2015 UN development agenda as an agenda item in the 2013 meetings of the WHO regional committees and to present a report on those discussions, through the Executive Board at its 134th session in January 2014, to the Sixty-seventh World Health Assembly”.


3. This document, which updates an earlier version that was considered by the WHO regional committees at their meetings over the past few months, highlights the process of intergovernmental negotiations decided upon at the Special Event on progress towards achievement of the Millennium Development Goals (New York, 25 September 2013). It also summarizes the emerging narrative on health in the post-2015 development agenda.

PROCESS TO DATE

4. In June 2012 the Secretary-General convened a High-level Panel of Eminent Persons on the Post-2015 Development Agenda, comprised of eminent persons from government, civil society and the private sector. The Panel delivered its report in early June 2013.\(^1\)

5. As an early input to its deliberations, the High-level Panel received a report from a United Nations System Task Team,\(^2\) which sets out a broad framework for the years following 2015, with

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\(^2\) Realizing the future we want for all. Report to the Secretary-General. New York: UN System Task Team on the Post-2015 UN Development Agenda; 2012.
four pillars: 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.

6. Subsequently, the United Nations Development Group led a “global conversation” on the post-2015 agenda through a series of 88 national consultations, regional consultations facilitated by the United Nations Regional Economic Commissions, a web-based citizen-outreach programme “My World”, and a series of thematic global consultations. It is estimated that these consultations reached more than 1.3 million people. The topics covered were inequalities; population dynamics; health; education; growth and employment; conflict and fragility; governance; environmental sustainability; food security and nutrition; energy; and water.

7. WHO and UNICEF jointly led the thematic consultation on health, between September 2012 and March 2013, with Botswana and Sweden as the lead Member States. A web-based consultation attracted 150,000 visitors, and more than 1600 individuals (representing Member States, academia, civil society, organizations in the United Nations system, global health partnerships and the private sector) took part in 14 face-to-face consultations in Africa, South America, North America, Asia and Europe. Outcomes of all these meetings, as well as more than 100 papers submitted, are available on a web-based platform. The report of the consultation, which was finalized at the High Level Dialogue on Health in the Post-2015 Development Agenda (Gaborone, 4–6 March 2013), was submitted to the High-level Panel before the finalization of its report and formed the basis of the report considered by the Sixty-sixth World Health Assembly in adopting resolution WHA66.11.

8. In parallel, the Secretary-General established the Sustainable Development Solutions Network, which convened academics worldwide in order to focus on practical solutions to sustainable development issues. The resulting report was designed as an input to both the Secretary-General’s report to the sixty-eighth session of the General Assembly and to the Open Working Group on Sustainable Development Goals that had been established in response to the recommendation of the Rio+20 conference in 2012. The Open Working Group is composed of 30 members nominated from the five United Nations regional groups in order to prepare a set of sustainable development goals.

9. In coordinating all these streams of work, the Secretary-General has been supported by a Special Adviser on Post-2015 Development Planning. Her work in health is being supported directly by WHO.

10. The culmination of the consultative first phase of developing a new set of goals was the Special Event mentioned in paragraph 3 above, whose purpose included charting the way forward.

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1. [link]
4. See decision 67/555.
DEVELOPMENTS AT THE GENERAL ASSEMBLY: THE ROAD TO 2015

11. The outcome document of the Special Event welcomed what has been achieved so far, but also expressed concern at uneven progress. It confirmed the need for accelerated implementation in several areas, including poverty and hunger, universal access to primary education, child mortality, universal access to reproductive health, including maternal health, environmental sustainability and access to water and sanitation. Several donor countries and private sector participants at the event announced increased funding to support more purposeful action. Although the outcome document makes few concrete suggestions, it underlines the need for a strengthened global partnership for development. Member States emphasized the need for a single framework and set of goals, which should build on the tenets of sustainable development and be universal and applicable to all countries.

12. The Special Event also served to launch a series of intergovernmental processes that will consider a set of sustainable development goals during the current session of the General Assembly, and, during the next sixty-ninth session of the General Assembly (beginning September 2014), agree a final and single set of goals as part of the post-2015 development agenda.

13. The proposed sequence of work is as follows. Having completed its initial discussions, the Open Working Group on Sustainable Development Goals will start considering goals in early 2014. Work is in hand to suggest and insert health linkages into the briefs that are being prepared for the Working Group’s discussions on energy, sustainable transport, climate change and sustainable cities. By the time of the opening of the General Assembly in September 2014, all the work set in train following the Rio+20 conference, including the development of a set of sustainable development goals, should be concluded.

14. In addition to the follow-up activities agreed at the Rio+20 conference, the President of the General Assembly will convene events for all United Nations Member States during 2014 under the theme “The post-2015 Development Agenda: Setting the Stage”. These events will provide a forum to focus on issues that may require more detailed discussion. It is also likely that they will serve as opportunities for Member States to reflect on links between peace, security, disarmament and human rights, as well as on development and economic growth. It is expected that a stock-taking event will be held in early 2014 and another in September 2014. The latter will constitute a final review of the Millennium Development Goals, as well as an assessment of the progress of negotiations during the previous 12 months.

15. The final phase in the process will be the creation of a single framework and set of goals – the post-2015 United Nations development agenda – that will build on, incorporate and possibly further elaborate the sustainable development goals agreed by the Open Working Group. The Secretary-General will first present Member States with a synthesis of the full range of inputs received, and then launch the final intergovernmental process at the sixty-ninth session of the General Assembly in September 2014, to culminate in the Heads of State/Government Summit one year later.

HEALTH IN THE POST-2015 AGENDA: THE STORY SO FAR


which recognized health “as a precondition for and an outcome and indicator of all three dimensions of sustainable development”.

17. This position was reinforced by the Rio Political Declaration on Social Determinants of Health and by the General Assembly’s resolution 67/81 on global health and foreign policy, which, inter alia, recommended that consideration be given to including universal health coverage in the discussion of the post-2015 United Nations development agenda.

18. Discussions at the WHO regional committees emphasized the importance of accelerating work on the health-related Millennium Development Goals. At the same time, there is growing recognition that the health agenda is now broader and that noncommunicable diseases must be included, which will need government and society-wide action on the social determinants of health. In addition, there has been a strong drive to embed health equity; to give increased attention to sexual and reproductive health, especially for young people; and for health to be framed as a fundamental right. Given this wide range of interests within the health sector, the challenge has been to find an inclusive way of framing a health goal that would accommodate all these different concerns. Further, there is a need to demonstrate clearly the links between health and other aspects of sustainable development.

19. The report of the High Level Dialogue in Botswana (see paragraph 7 above) supports many of the concerns discussed at the Health Assembly and by regional committees. It contained three considerations: (a) health is a vital component of sustainable development and human well-being and thus contributes to the overarching purpose of any new set of global goals; (b) the concern of a health goal will be to maximize health at all stages of life – this will include accelerating and completing work to achieve the health-related Millennium Development Goals and extending work to cover noncommunicable diseases; and (c) universal health coverage is both a means to the end of achieving these outcomes and a desirable end in itself.

20. The final point is worth emphasizing. Some participants maintained that universal health coverage is only a means to achieving better health outcomes. Others advanced the view that it is a desirable goal that people value in its own right – through the assurance that they have access to all the services they need without incurring major financial risk. Moreover, it is a goal in which equity is central; it is a practical expression of the progressive realization of the right to health; and, in line with the concerns expressed in the outcome document of the Special Event in September 2013, it is “universal in nature and applicable to all countries”. Work in WHO on indicators and metrics to assess progress in relation to universal health coverage is under way in collaboration with the World Bank.

21. The key message of the High-level Panel’s report is to eradicate extreme poverty in the context of sustainable development by 2030. To this end, the Panel proposes five transformative changes which provide the under-pinning principles. These are: leave no one behind; put sustainable development at the core; transform economies for jobs and inclusive growth; build peace and effective, open and accountable public institutions for all; and forge a new global partnership.

22. These principles are then translated into an illustrative set of 12 goals and 54 targets. The major theme of the health consultation was picked up by the Panel in goal 4: “Ensure healthy lives”. The five associated targets are: “end preventable infant and under-five deaths; increase by x% the proportion of children, adolescents, at-risk adults and older people that are fully vaccinated; decrease the maternal mortality ratio to no more than x per 100 000; ensure universal sexual and reproductive health and

1 Endorsed by the Health Assembly in resolution WHA65.8.
rights; and reduce the burden of disease from HIV/AIDS, tuberculosis, malaria, neglected tropical diseases and priority non-communicable diseases”. The High-Level Panel then goes on to say “[t]hough we focus on health outcomes in this goal, to achieve these outcomes requires universal access to basic health care.”

23. Health has a role in several other proposed goals. Goal 1 on ending poverty includes two health-related targets: coverage of people who are poor and vulnerable with social protection systems; and building resilience and reducing deaths from natural disasters. Goal 2 on gender equality and empowerment of women and girls includes preventing and eliminating all forms of violence against girls and women. Goal 5 on food security and good nutrition includes reducing stunting, wasting and anaemia. Goal 6 on universal access to water and sanitation includes a focus on safe drinking water and reducing open defecation. Goal 10 on good governance and effective institutions includes the provision of free and universal legal identity, such as birth registration. Goal 11 on stable and peaceful societies includes the reduction of violent deaths and the elimination of all forms of violence against children.

24. The report of the Sustainable Development Solutions Network also includes illustrative goals. For health this is expressed in terms of “Achieve health and well-being at all stages of life”. In contrast to the High-level Panel, however, universal access that “includes sexual and reproductive healthcare, family planning, routine immunizations, and the prevention and treatment of communicable and noncommunicable diseases” is included as a specific target.

25. The Open Working Group has held one specific discussion on health. In their summary the co-facilitators acknowledged that universal health coverage is central to sustainable development. Although many Member States supported universal health coverage as an overarching health goal, others spoke in favour of maximizing health across all stages of life – with universal health coverage as the means towards these ends. Many Member States emphasized that universal health coverage will be a key component of any well-functioning social protection framework and stressed the need to tackle noncommunicable diseases in the post-2015 framework. Many Member States also emphasized that sexual and reproductive health and rights need to be a core component of the post-2015 health framework.1 Several Member States also emphasized women’s health, youth and the links between health and other sectors (such as transport, energy, housing, environment and agriculture).

CONCLUSIONS

26. At the time of writing, there remain 18 months during which a full intergovernmental process will decide on the framework and goals to be adopted. Much of the discussion will be conducted by foreign affairs ministries and the permanent missions to the United Nations in New York. Ensuring that health ministries keep their national representatives informed and well-briefed, with a coherent narrative on the role and importance of health, will be crucial to the successful conclusion of this process.

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1 The year 2014 marks the 20th anniversary of the International Conference on Population and Development, held in Cairo in 1994. Following a series of preparatory events, a special session of the United Nations General Assembly in September 2014 will review progress and provide guidance for the future.
27. The position of health is so far well established. The narrative on goals that is emerging is inclusive, based on maximizing health at all ages with universal health coverage either as a means and/or as an end itself. How, or even whether, agreement on targets will be reached is less clear at this stage.

28. The prime concern for WHO at this stage is to support an approach that allows a wide variety of interests within the health sector to be accommodated as part of a single framework. This strategy reduces competition between different health conditions, different health interventions and different population groups. WHO will also continue to pursue the use of health indicators as a way of measuring progress in all three pillars of sustainable development.

**ACTION BY THE EXECUTIVE BOARD**

29. The Board is invited to note this report.