
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 in order 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 is taking place in very different circumstances from those that pertained when the current framework was developed. The process promises to be more consultative than in the past.
5. This report updates the report considered by the Executive Board at its 132nd session in January 2013.¹ It 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. 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.

¹ Document EB132/12.

7. 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.¹ 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.²

8. 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 eleven 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.

9. 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.

10. 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.

GLOBAL CONSULTATION ON HEALTH

11. The thematic consultation on health ran from October 2012 to March 2013, reaching out to people around the world to gather inputs on the role of health in the post-2015 development agenda. A web-based consultation drew in 150 000 visitors, over 1500 individuals took part in 13 face-to-face consultations in Africa, Asia, South America, North America, and Europe, and more than 100 papers were submitted. All contributions are available on a web-based platform www.worldwewant2015.org/health.

12. All inputs were synthesized into a draft report that was considered by the participants of the High Level Dialogue, in Gaborone, Botswana, on 5 and 6 March 2013. The final report was submitted to the High Level Panel and the Secretary-General at the end of March. A two-page summary was produced in mid-March in order to inform the final meeting of the High Level Panel of Eminent Persons.

¹ 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.

² Positioning health in the post-2015 development agenda: WHO discussion paper, http://www.who.int/topics/millennium_development_goals/post2015/en/ (accessed 15 April 2013). <http://www.worldwewant2015.org/health> (accessed 15 April 2013).

13. As part of the process WHO conducted an information session for Member States on 14 September, 2012, a briefing by the Special Adviser on Post-2015 Development Planning in late October, and a consultation for Member States on 14 December, 2012. A further information session is planned for April 2013. As background, the Secretariat has prepared a discussion paper, which is posted on the WHO and United Nations web sites.¹

MAIN OUTCOMES OF THE CONSULTATION

14. Healthy people contribute to sustainable development. At the same time, policies that promote sustainability benefit human health. The health of populations, and how equitably health is distributed, provide a yardstick to judge progress across all aspects of economic, social and environmental policy. Increasing evidence points to a causal link between per capita income and overall life expectancy. Better health is thus also an outcome of, and prerequisite to, reducing poverty.

15. More than a decade after world leaders adopted the current Millennium Development Goals (MDGs), global child and maternal mortality rates have fallen. Fewer people are developing and dying from AIDS-related illnesses, tuberculosis, and malaria. Nutrition has improved and more people have access to safe water and sanitation. Worldwide, people are enjoying longer and healthier lives than at any time in history. But gains are fragile and progress is uneven: major gaps and inequities remain within and between countries. As WHO looks beyond 2015, the Organization must be more ambitious. This means backing national efforts with the advocacy needed to sustain political commitment and financial support. It also means continuing to build the systems for tracking spending and results.

16. New ways are emerging to improve health: new technologies, new opportunities for connectivity, and new models of citizen participation in decision-making. Meanwhile, the notion of good health is evolving, shifting towards a world in which people create and maintain good health and wellness, rather than merely prevent and treat disease. Health systems must adapt to these changes, and to higher expectations as well as to new demographic, environmental, and health challenges. There are now 1.8 billion adolescents in the world, and at the same time many countries have rapidly ageing populations. Climate change, migration, and unplanned urbanization are triggering new threats to health. Noncommunicable diseases are now a major cause of death in all countries, regardless of income level.

17. Any future goal for health will need to be universally relevant. Every country is home to families and individuals who lack the means, nutrition, medicine or care to prevent – or treat – illness. Future health goals need to reflect these universal realities – ensuring that values of equity and rights, including gender, are “hard-wired” throughout. But no two countries are the same: future goals must therefore be adaptable to the reality that each country faces.

18. After extensive global consultations, a possible shape for health in the post-2015 development agenda is emerging. An overarching development goal should position health as a critical contributor to and outcome of sustainable development and human well-being. This responds to the growing call to go beyond gross domestic product to measure healthy growth and sustainable development, and to focus better on equity. It also acknowledges that good health is determined by many aspects of development – including education, sustainable energy, water and sanitation, and climate change adaptation and mitigation – as much as by preventing and treating disease. An overarching goal for the post 2015 agenda could be sustainable well-being for all.

¹ 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 (accessed 15 April 2013).

19. An overarching health goal, in which the health sector plays a greater but far from exclusive role, aims to maximize health in all life stages. This should include accelerating the health-related Millennium Development Goal agenda, reducing the burden of noncommunicable diseases and ensuring universal health coverage and access. The Millennium Development Goal agenda could include targets to end preventable maternal and child deaths, to provide universal access to sexual and reproductive health services, to eliminate malaria and eradicate polio, and to realize the vision of an HIV/AIDS-free and tuberculosis-free generation. Targets could also be set for reducing cardiovascular diseases, cancer, diabetes and respiratory illness and the associated risk factors.

20. Ensuring that all people can take advantage of comprehensive and high quality health services through universal health coverage and access is a means to achieve better health outcomes. It is also a desirable goal that people value in its own right – the assurance that they have access to a health system that prevents and treats illness effectively and affordably within people’s homes, in their communities, and with referral to clinics and hospitals when required. Part of that goal too, is to ensure that 100 million people do not fall into poverty each year due to the cost of health services they need (as they do today). Such health systems are an important tool in reducing poverty, and promoting a stable and secure society.

21. Refining global health goals is one step. Achieving them will require a strong and supportive environment. This will require significant investment in systems to generate, analyse and use data as well as investment in a well-trained and motivated health workforce. It will demand stronger, independent accountability mechanisms (including incountry and global oversight structures), strong engagement of civil society and the private sector, and an accelerated effort to strengthen institutions tasked with delivering better health, at both global and national levels.

ACTION BY THE HEALTH ASSEMBLY

22. The Health Assembly is invited to note the report.

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