

# Regional Consultation of NGOs and Civil Society on the Post-2015 Health Development Agenda



## Consultation Report

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## Abbreviations

ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activists
ASEAN	Association of Southeast Asian Nations
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy
BRAC	Bangladesh Rural Advancement Committee
CHESTRAD	Centre for Health Sciences Training Research and Development
CSO	Civil society organization
GOI	Government of India
HLP	High-Level Panel
MoHFW	Ministry of Health and Family Welfare
MDG	Millennium Development Goal
NCD	Noncommunicable Disease
NGO	Nongovernmental organization
RTI	Research Triangle Institute
SAARC	South Asian Association for Regional Cooperation
SAMA	Sama resource Group for Women and Health
SEAPIN	South-East Asia Primary Health Care Innovations Network
SEARO	South-East Asia Regional Office
UHC	Universal Health Coverage
UN	United Nations
UNSTT	UN System Task Team
VHAI	Voluntary Health Association of India
UNICEF	United Nations Children’s Fund
WHO	World Health Organization

## EXECUTIVE SUMMARY

A Regional Consultation of NGOs and Civil Society on the post-2015 Health Development Agenda was held at the World Health Organization's Regional Office for South-East Asia, New Delhi, India, on 28 February and 1 March 2013. The Consultation was a collaboration between the World Health Organization and the Voluntary Health Association of India.

The Regional Consultation was opened by the Deputy Regional Director, with addresses by Dr Syeda Hameed, Member, Planning Commission, Government of India; Mr Keshav Desiraju, Secretary of Health & Family Welfare, Government of India; and Mr Alok Mukhopadhyay, CEO, Voluntary Health Association of India (VHAI). Professor Abhijit Banerjee, representative from the UN Secretary-General's High-level Panel of Eminent Persons on post-2015 development participated in the closing session. It was attended by 52 participants that included key international and national NGOs and civil society organizations from the countries of WHO's South-East Asia Region, and observers representing UN agencies and key partners. The main objective was to develop a shared understanding on the positioning of health in the post-2015 development agenda.

The MDGs have been crucial in maintaining support for health as a key element of

development. As the target year of 2015 for the MDGs draws closer, there is not only the need to reinvigorate and expedite the achievement of MDGs but also to explore future goals for the post-2015 development agenda. The Consultation provided NGOs and CSOs a platform to discuss a shared understanding and develop a regional perspective on the positioning of health in the post-2015 development framework.

There was broad consensus on the strengths and limitations of the health MDGs. It was agreed that the position of health in the new agenda must be central to the broader issue of sustainable development.

The post-2015 health framework should be multisectoral and inclusive. The mandate should have clear responsibilities for all sectors, with an aim to enhance efficiency, innovation, inclusivity, mutual accountability, transparency and cooperation among partners. It should also address concerns over the allocation of resources; be aligned with MDG goals as well as country-specific priorities; and take into account gender and equity and ensure the inclusion of all sections of society.

The key recommendation proposed by the NGOs for the positioning of health was an overall umbrella goal for health that focused on health, human well-being and universal health coverage.

### **Overall Health Outcome Goal:**

By 20XX all countries should reduce the number of healthy life years lost by their population by  $n\%$ .

### **Overarching Health Sector Goal to help achieve the above:**

By 20XX all countries should achieve universal coverage of a package of promotive, preventive, curative and rehabilitative health services whereby all people receive the services they need without suffering financial hardship.

### **Explanation:**

The achievement of the overall health outcome requires a multisectoral, integrated, horizontal approach by all stakeholders including civil society.

Countries should ensure that universal health coverage will include services related to achieving the current MDGs as well as services that will tackle emerging global health priorities such as non-communicable diseases, mental health, nutrition and reproductive and sexual health. In addition, and based on national priorities, countries should decide which services are included in their universal health package.

Countries should also ensure that they move towards this goal equitably to reduce inequalities by ensuring that poor, vulnerable and marginalised people are covered effectively from the outset as a priority.

This recommendation fed into the Botswana High Level Dialogue Meeting on Health in the post-2015 Development Agenda and was also submitted to the Indonesia High-Level Panel meeting in March 2013.

It was also agreed that partnerships with multiple stakeholders were needed for the implementation of the post-2015 health development agenda, with an emphasis on clear health targets and increased accountability. The role of NGOs is significant in fulfilling the unfinished MDG agenda, and also in implementing a new health agenda for the years after 2015.

There was further consensus that the post-2015 health mandate must view health as a human right, as well as a key indicator of people-centred, rights-based, inclusive and equitable development.

It was stressed that partnering with the media must be an important aspect for the post-2015 agenda and it was agreed that civil society needed to identify and incorporate creative methods for engaging with the media, stakeholders and the community.

# Introduction

There has been extensive debate within the global community on what the next global development goals should be. During the United Nations High-Level Plenary Meeting on the Millennium Development Goals in 2010 and the UN Conference on Sustainable Development (Rio+20) in 2012, the Member States gave clear mandates on how the process of preparing for the UN's post-2015 development agenda should unfold, emphasizing the need for a transparent, inclusive and open process with inputs from a wide range of stakeholders including governments, the private sector, NGOs and civil society.

In July 2012, the UN Secretary-General appointed a High-Level Panel (HLP) of eminent persons to advise on the global development agenda beyond 2015. Indonesia's President Susilo Bambang Yudhoyono, British Prime Minister David Cameron, and Liberian President Ellen Johnson Sirleaf were appointed as co-chairs of this UN High-Level Panel, charged with establishing a new plan to eradicate poverty.

The Panel includes leaders from civil society, the private sector and government. The ultimate goal of the Panel is to reshape the MDGs into a framework that can be accepted by the international community as a whole. The Panel was entrusted with the responsibility of achieving sustainable development by continuing to focus on economic, social and environmental issues - identified in a report by the United Nations Conference on Sustainable Development in 2002 as the '3 pillars' of growth.

In parallel, the UN Secretary-General established the UN System Task Team (UNSTT) on the post-2015 development agenda to support system-wide preparations for the agenda, in consultation with all stakeholders. The UNSTT provided a report to the Secretary-General in June 2012 – *Realizing the Future We Want for All* – which sets out the 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 report is accompanied by thematic papers, including one on health, which will inform the work of the HLP.

These processes are complemented by a set of global thematic consultations in 11 areas: inequalities, population, **health**, education, economic growth and employment, conflict and fragility, governance, environmental sustainability, food security and nutrition, energy and water as well as national consultations with governments, the private sector, NGOs and CSO in over 100 countries.

Whereas there is no clear consensus within the global community on what the next development goals should be, there exists wide agreement regarding the central role of health in development, both as a precondition for and indicator of progress in sustainable development. Although there is little doubt that health must feature in the post-2015 development agenda, a convincing case still needs to be made for how the overall health goal should be framed.

## Objective

A regional consultation of NGOs and civil society on the post-2015 health development agenda was held from 28 February to 1 March 2013 at WHO's Regional Office for South-East Asia in New Delhi, India. This consultation was co-convened with the Voluntary Health Association of India (VHAI) with participants from NGOs and CSO working in health and development from countries in the South-East Asia Region (SEAR) as well as from UN agencies involved in the health thematic consultation and other key partners.

The Consultation aimed to develop a shared understanding and a regional perspective among NGOs and civil society organizations (CSO) in the Region on the positioning of health in the post-2015 development agenda. The specific objectives were:

1. to review progress made, challenges and lessons learnt in implementing the health MDGs in the Region;

2. to discuss the role of health in achieving sustainable development, poverty reduction and human well-being;
3. to discuss and develop a shared understanding and a regional perspective on the positioning of health in the post-2015 development framework, as well as future goals and priorities;
4. to agree on the role of the NGOs and civil society in the Region in carrying out the post-2015 health development agenda.

The Consultation provided a platform for discussion for NGOs and CSOs, given their increased role in framing the post-2015 development agenda. The outcomes from the Consultation fed into the Botswana and Indonesia high-level meetings held in March 2013, as well as the intergovernmental process that will culminate in September 2013.



## Opening session

**Dr Poonam Khetrapal Singh, Deputy Regional Director, WHO Regional Office for South-East Asia**, welcomed Mr Keshav Desiraju, Secretary, Ministry of Health & Family Welfare, Government of India; Dr Sayeeda Hameed, Member, Planning Commission, Government of India; Mr Alok Mukhopadhyay, CE, VHAI; Representatives of United Nations agencies and funds; donors; partners; participants from nongovernmental and civil society organizations to the Regional Consultation of NGOs and Civil Society on the post-2015 Health Development Agenda. She thanked VHAI for co-organizing the event at a crucial juncture for health development globally, as well as for South-East Asia.

Highlighting the fact that the Millennium Development Goals had been instrumental in helping focus attention and support for health as a crucial element of development, she said that health and health-related issues had featured prominently in this framework, with three out of the eight goals referring directly to health conditions.

She pointed out that as the target year of 2015 drew closer there was an even greater need to reinvigorate and expedite the achievement of the MDGs and to explore future goals for the post-2015 development agenda. She stressed the central role of health in development, both as a precondition for and an indicator of outcomes in sustainable development.

However, she noted that the global community had not yet made the case for how the health goal should be framed in the post-2015 global development agenda. In this context, she explained the importance of the Consultation that aimed to reach a consensus from a regional NGO and civil society perspective on how to position health in the post-2015 development framework.

Dr Singh observed that despite the significant progress in health achieved in the past few decades, the Region continued to battle against an array of communicable and neglected tropical diseases, while at the same time facing the daunting challenge of tackling the relentless rise of chronic noncommunicable diseases, maternal and child mortality and fragmented health systems which suffered from substantial shortages of human resources and facilities. She reminded participants that out-of-pocket expenditures for health care in the Region have sky-rocketed, representing a major cause of impoverishment for many people. She concluded that these momentous challenges could not be tackled by governments alone and NGOs had a crucial role in shaping the dialogue and framing the vision for health in the post-2015 development agenda. In order to ensure the momentum for better health which has marked the start of the twenty-first century is maintained up to 2015 and well beyond.

**Dr Sayeeda Hameed, Member, Planning Commission of India** reminded the participants of the significance of the timing of the Consultation as it was also the day the Indian national budget was to be tabled. She emphasized the importance of nations investing in health care resources. Dr Hameed stressed the importance of regional information sharing and increased

resource allocation as critical elements while addressing health care. She explained that the one-size-fits-all approach must be corrected while addressing health since that is culture-specific. She further added that the post-2015 development agenda should be focused on inclusiveness, multisectorality and convergence. The Twelfth Five-Year Plan of the Government of India had developed a roadmap between the Ministry of Health and Family Welfare and the Planning Commission which was aimed towards ensuring increased expenditure on health by the state government. That would be looking at: (1) financing as an instrument of incentive and reform; (2) leveraging enhanced funding through flexibility in central funding for states; and (3) incentivizing states to expand their health budgets appropriately.

Dr Hameed spoke about how traditional medicinal practices such as Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) should be given due emphasis in health care. Her speech also addressed the concerns of the poorest of poor who continued to lack access to health care. She spoke of how the focus for India needed to be on increased convergence and coordination of health delivery systems. She mentioned that promotion of essential generic drugs would help in breaking down the “silo approach”. The reduction of disparities and a focus on the basic level of health for all citizens was the agenda for the Twelfth Five-Year Plan. Medical services in underserved states needed to be expanded by converting the district hospitals of the states into teaching universities. She recommended that India must adopt appropriate regulation of health and medical practices and have a dedicated and educated public health cadre for addressing the health care challenges.

**Mr Keshav Desiraju, Secretary, MoHFW, GOI** during his keynote address, welcomed the participants and explained how this consultation of NGOs from the South-East Asia Region would help in the articulation of the global health agenda post-2015. He explained that for the success of MDGs, it was important to listen not only to governments, but also to NGOs and civil society as they had the experience in the field and of real-life situations. He shared briefly India's progress on the MDG indicators, focusing on infant and maternal mortality. He said that even though quantitative analysis might not be the ideal measure to assess development indicators, the MDGs continued to be crucial pointers for developing countries to map their progress. He shared India's efforts in striving hard to achieve the MDGs, but said the way forward must look at qualitative aspects as well as quantitative achievements. He concurred with the earlier address on the need for India to invest more on upgrading the quality of life of children with a focus on a 'wholesome upbringing'. He particularly laid emphasis on children's health, education, protection from disease and preventing lost childhood, and said maternal care and health must be a focus area for the future. Another area needing attention was the upbringing and care of the girl child which should be accompanied by better facilities for birth and delivery at the health centres. He praised the efforts of state governments and state-level doctors, auxiliary nurse midwives (ANMs) and accredited social health activists (ASHA), who were continuously striving towards ensuring safer lives of women and children.

Mr Desiraju explained how vast the challenges of India were and said the targets of MDGs 4 and 5 were still to be achieved,

while interstate discrepancies continue to affect national progress. He said that the post-2015 health agenda could not be very different from the current one, but stressed the importance of the qualitative aspects with an increased focus on environment sustainability, noncommunicable diseases (NCDs), mental health and equitable access to health care. He suggested modifying the goal for reducing maternal mortality to include a wider objective of improving the health and educational status of women. In addition to that, he proposed including reduction in violence against women as an indicator for gender equity.

**Mr Alok Mukhopadhyay, Chief Executive, VHAI**, set the tone for further discussions for the group. Addressing the role of NGOs, he explained that countries such as Bangladesh and Thailand today are case-studies for replication. He recalled the tremendous work, the Government of India had done to combat HIV/AIDS under very complex situations. He spoke about Bhutan and its Gross National Happiness Index which was the outcome of integration of traditional and allopathic systems of medicine. He reiterated the importance of a need for increased budget allocation, with a focus on fiscal discipline within the countries. He further explained that the focus should be on sustaining the achievements, addressing the unmet agenda, followed by strengthening of the components of universal health coverage (UHC). He suggested that the concept of UHC should be country-specific and address all aspects of health (preventive, promotive and rehabilitative), equity and gender.

Mr Mukhopadhyay highlighted the significance of harnessing the creativity within the community through increased

horizontal sharing. His speech also touched upon the importance of breaking barriers and engaging in constructive sharing of experiences. He stated the prerequisites for better health indicators as increased political commitment, incorporation of

social determinants and higher resource allocation. He recommended integration of traditional medicine practices in health care. In addition, he emphasized on bringing back the focus on the primary stakeholder of public health, which is the public.

### **Key recommendations**

- Now that MDGs have raised the profile of global health to the highest political level and have impacted health, the way forward needs not only to address the unfinished MDG agenda but also to provide a comprehensive and integrated framework for health.
- The new health framework should be multisectoral and inclusive, focusing on the most vulnerable populations with equity and gender as key constituents.
- The health agenda post-2015 must strengthen the current health delivery systems and increase convergence, coordination and efficiency.
- Efforts must be concentrated on enhancing political commitment and increasing the allocation of resources for health.

## Session 1: Reflections on achievements, challenges and lessons learnt from the implementation of the health MDGs in countries of the South-East Asia Region



This session highlighted the achievements made in the implementation of the health MDGs by the countries in the South-East Asia Region of WHO, and reviewed the challenges experienced and lessons learnt during the past 13 years. The session drew on the experience and expertise of the moderator and panellists, but relied significantly on contributions from all participants.

The moderator, Ms Caitlin Wiesen, explained the need to focus on a sustainable development agenda which would be achieved by redefining the global development agenda post-2015. She said that MDGs had been universally successful and instrumental in galvanizing global and local attention to critical

issues and succeeded in reducing extreme poverty by half. MDGs were simple, clear, time-bound, measurable and focused on important national issues. They had also fostered greater interagency coordination; however, they had been largely silent on human rights, had one-way accountability, with a reductionist approach and largely focused on developing countries. Overall, there had been good progress in the area of education, health, infant and maternal mortality and poverty reduction, but there was a lot more to be achieved. She said that there was a need to develop a universal accountability framework for both developed and developing countries that engaged in a broad-based inclusive process where the focus was on quality and effectiveness and not just on quantitative



indicators. With different schools of thoughts emerging, it was time to look at expanding the MDGs to include quality, effectiveness and additional focus areas such as universal health coverage, human rights, human well-being and develop a radical new framework which reflected the people's vision and voice.

The panelists examined the achievements, challenges and lessons learnt along with the strategic positioning of MDGs in the South-East Asia Region. The presentations were followed by a discussion summarized by the moderator before inviting recommendations from the participants.

Presentations from India, Maldives, Thailand and Timor-Leste broadly focused on achievements, challenges, highlights and future roadmaps in the implementation of the health MDGs. A common challenge identified by the group was that of limited resources and a favourable political structure, both of which helped shape the discourse on health in particular countries. Overall achievements by Maldives and Thailand highlighted how the MDGs

had been useful as broad guidelines to adapt and as a significant mechanism to hold governments accountable. However, social issues and geographical location were barriers to achieving MDGs in island countries such as the Maldives. While Thailand had contributed richly to MDGs 1, 3, 4, 6 and 7, reaching the poorest and the most vulnerable was a continued challenge. Limited capacity to deal with behavioural risks was also seen as a key barrier. Challenges faced in India and Timor-Leste stressed the need for a multisectoral approach and greater partnership between governments and civil society. In addition to sustainable predictable resources, a strong focus on education could help ensure lasting change.

The group discussed the challenges they faced in implementing the health MDGs, including inadequate financial and human resources; insufficient focus on equity; inefficient health systems, vertical and linear approaches by the governments and a lack of consideration of the diversity in the population.

Through their journey of implementing MDGs, countries learnt from other countries that had experienced success. The lateral sharing of knowledge from other settings could further the replication of best practices, which thereby would increase the knowledge base and harness the creativity that exists in the community.

The recommendations focused on initially addressing the unfinished goals of the MDGs along with an additional focus on global partnership on the MDGs – where the developed and developing countries worked together for the most effective results. The group agreed on having a multisectoral approach that linked various focus areas, such as poverty with health. Ms Sarojini, Executive Director of SAMA and co-Chair of the People’s Health Movement, raised the issue of discrimination of excluded groups, which would entail strengthening legislation, along with a structured alignment of government plans with goals and expenditures that

looked at developing indicators. Ms Teokul from Thai Health suggested that understanding and incorporating the social determinants of health had been one of the reasons why Thailand had been able to become an MDG+ country. It was also recommended that learning from public–private partnerships could be an area which could yield significant results; therefore, there should be a mechanism for sustained civil society engagement with governments. It was recommended that health systems be strengthened and up-scaled in the post-2015 agenda and that public health financing should be equity-based. In terms of implementation, the common concern among the group was how to reach the poorest of the poor and the most marginalized sections of society, which were unable to access care presently. Decentralization and a bottom-up approach should be a priority and could effectively bring the voices of the unheard to the policy level.

### **Key recommendations**

- The post-2015 health agenda should address the current gaps of the MDGs with an increased emphasis on resources, gender, equity and inclusion of the most vulnerable groups, who are unable to access available care and aligned with country development priorities.
- Health systems strengthening is a core area that needs to be addressed and linked with an equity-based public health financing system.
- Health policy needs to be overarching and cover a larger and diverse population, which calls for a shift towards universal health coverage.
- A universal accountability framework is required for both developed and developing countries that produces a broad-based inclusive process where the focus is on quality and effectiveness, as well as quantitative indicators.

## Session 2:

### Brief overview and analysis of results of global civil society online survey on global health



The WHO Regional Office for South-East Asia supported Global Health South, an alliance of Southern civil society organizations working in global health, hosted by the Centre for Health Sciences Training, Research and Development (CHESTRAD), to host a civil society e-consultation on global health in the post-2015 development agenda from 31 January to 22 February 2013. The online survey targeted CSOs in South-East Asia with the aim of contributing to on-going discussions on the post-2015 agenda ([www.worldwewant2015.org](http://www.worldwewant2015.org), [www.beyond2015.org](http://www.beyond2015.org)) and also to complement an earlier global survey, conducted in December 2012–January 2013, which had a low response rate from South-East Asia. The online survey attracted participation from 51 organizations active across 14 countries in the Region. Many of the participants in the Regional Consultation participated in the e-survey.

During this session, Ms Mulherin, CHESTRAD Survey Analyst, joined the group through video conference and shared the analysis of the e-consultation of the South-East Asia CSO survey as well as the global survey. Common responses are as follows.

- There is unfinished business, in particular prioritizing the needs of women and children, specifically maternal and child health, sexual and reproductive health and rights, and nutrition, and strengthening health systems.
- There are new and evolving priorities, including: emerging global health priorities (such as noncommunicable diseases and mental health); the importance of recognizing that health outcomes must be addressed through multisectoral action; that such action must be context-specific

and affirm country ownership; and must be based on agreed principles such as ‘universality’, human rights and human security, partnership and inclusiveness.

- The changing dynamics in global and economic realities powerfully shape the context within which development takes place for all countries.
- Strengthened community and health systems to deliver life-saving tools, strategies and interventions were the need of the hour. Emphasis was given to human resources for health; medicines and medical supplies; integrated, comprehensive, national health plans; financing and social protection, and accountability.
- Ensuring intersectoral action for health is important, including action to address wider determinants of health and the impact of investments by other sectors in health, with particular reference to water and sanitation, nutrition, and climate change.

The findings from the South-East Asia e-consultation were found to be broadly consistent with the findings from the initial global survey:

- **‘universality’** – access, equity, coverage, social protection and financial protection;
- need to **strengthen health systems,**

not focus solely on diseases;

- importance of **key priority groups** – women and children in particular;
- need to ensure an **intersectoral approach;**
- emphasis on **accountability.**

What was distinctive about the responses from CSOs in the countries of the South-East Asia Region was the need for the post-2015 health agenda to have an increased focus on: NCDs, disability and eye care along with an increased understanding of wider determinants of health; increased financial protection for the people, and greater accountability.

Ms Mulherin explained that the responses from the Region had a stronger focus on national and local leadership than on global health leadership with a key difference on the emphasis on collaborative partnerships. The South-East Asia e-consultation also reinforced the concept of ‘universality’ – access, coverage, equity, financial and social protection but with a greater focus on access, equity and financial protection than was reported in the global e-consultation. Please refer to Annex 3 for a summary of the e consultation.

The recommendations of the South-East Asia and global surveys were presented during the Botswana High-Level Dialogue Meeting in March 2013.

### Session 3:

## Discussion on the post-2015 health development agenda, goals and priorities



The objective of the Panel was to reach a regional consensus on the positioning of health in the post-2015 development agenda, as well as on the overall health goals and priorities.

Mr Robert Yates, Senior Health Economist, WHO, set the tone by touching on issues related to the theme of the session. He explained to the Panel why it was important for the group to identify one or two health targets before the end. He said that the identified target(s) would be shared at the Botswana High-Level Dialogue meeting which could also be the path forward on the global agenda on health. He presented a few broad options which might be appropriate for the post-2015 health agenda: (i) continuing with the current focus of MDGs with an additional component of equity and gender; (ii) identifying new goals which were overlooked earlier; (iii) proposing a new overarching broad health outcome goal which could include health life expectancy; (iv) universal health coverage which allowed people to get the health care they

need without suffering financial hardship. Mr Yates proposed that whatever the group decided as the agenda on health priorities, the following points must be included: inclusion of the poor and vulnerable, a rights-based agenda, equity, and a country-specific approach including the cultural and social determinants of health which was a goal focused on welfare and attractive to stakeholders.

The presentations by the panellists brought forth various issues. Ms Tshering Pem from Lhak-Sam, Bhutan, highlighted the need for reaching out to the poorest of the poor, since discrepancies existed not only among countries, but within them too. Dr Amin, Director, Plan International, Bangladesh, reflected on the need for strengthening health systems to ensure an equitable balance between demand and supply for health care services. Incorporating important sections such as adolescent and sexual health was another recommendation along with a strengthened health care system. Mr Daniel Marguari, Chief Executive Officer,



Spiritia Foundation, Indonesia, suggested that the focus for the post-2015 agenda should be on making country-specific agendas for health care the deciding factor on national priorities. Dr Ariyaratne, Executive Director, Sarvodaya, Sri Lanka, recommended that the post-2015 agenda should be one which was understood by the community and included principles of justice and equity.

Prof. K Srinath Reddy, President, Public Health Foundation of India, explained how MDGs have had a significant impact on health care, even though they had been criticized for being too structural and for not focusing on equity and rights. For the post-2015 goals, he suggested reduction in healthy life years lost, as it captured major

health priorities across the life course and could include a risk factor approach as well. He also recommended that UHC should be included as a means to attain this overall health outcome goal. Increasing human resources for health care and working towards building international synergies and international obligations for a global dimension were other key suggestions.

The moderator summarized the session after extensive discussion, and concluded that the issues suggested by the participants must be included in the new agenda. In particular, the new agenda must focus on:

- taking into account differences between and among countries;
- addressing the current gaps;
- focusing on the needs of the most vulnerable people;
- increasing resources for health;
- increasing mutual accountability.

The moderator offered to produce a draft consensus proposal from the group which could be submitted to the Botswana High-Level Dialogue meeting.

It was decided to discuss the goal the following day.

### **Key recommendations**

- Universal health coverage should be the means to attain a broad and encompassing health goal umbrella focusing on wellness or wellbeing.
- The gaps in the current MDGs need to be incorporated in the next phase post-2015 which among other attributes, must be multi-sectoral, horizontal and inclusive.
- UHC was endorsed by the participants since its approach looked at health priorities across the life course. In addition, it also looked at inclusion, a rights-based agenda, equity, and a country-specific approach with an emphasis on social determinants of health.

### Recap of Day 1

Mr Alok Mukhopadhyay, recapitulated the discussion of the Day 1. This was followed by Mr Yates who facilitated the formulation of a concise, overall health outcome goal statement encompassing the discussion points and recommendations from the previous day. The final draft goal statement was to be decided and despatched in time for the Botswana High-Level Dialogue meeting on Health in the post-2015 Agenda.

Mr Mukhopadhyay briefly introduced the importance of the South-East Asia Region which comprises nearly one fourth of the world's population and is diverse, with specific health needs. He spoke of India's Twelfth Five-Year Plan and the increasing role of civil society in the development agenda. He shared the idea behind UHC as an overarching goal under which issues such as sustainable health care, social determinants of health, health systems strengthening, reaching the marginalized sections and making health equitable would be the priorities. Aspects of accessibility, availability, quality and affordability would be deeply engraved in the UHC with a strong component of strengthening the

health system. He recaptured the relevance of health equity which must be incorporated into the overall goal.

Mr Mukhopadhyay explained the relevance of adequate resource allocation and political commitment in addressing the needs with a strong focus on making policies which placed emphasis on the people. The importance of incorporating traditional health practices and indigenous medicines along with the current agenda was another point suggested on the first day, as well as the need for a multisectoral approach that gave priority to decentralization to help articulate the voices of the marginalized. It would also place people at the centre of planning. The importance of the post-2015 agenda of health would be decided by countries themselves in consultation with communities and people with a focus on inclusiveness. The need for reaching out to the poorest of the poor with a focus on gender and equity was shared. On the issue of public health financing, it was concluded that it should be equity-focused, where resources are allocated as per priority needs and action points.

### Session 3:

## Discussion on the post-2015 health development agenda, goals and priorities (continued from Day 1)



Mr Robert Yates worked with the participants who deliberated collectively on the formulation of a succinct overall health outcome goal statement as well as a suggested health sector goal, including a comprehensive explanatory note. Following agreement, the recommendation was sent for inclusion in a document to be presented at the Botswana High-Level Dialogue meeting on health.

The recommended health goal was as follows.

#### **Overall Health Outcome Goal:**

By 20XX all countries should reduce the number of healthy life years lost by their population by  $n\%$ .

#### **Overarching health sector goal to help achieve the above:**

By 20XX, all countries should achieve universal coverage of a package of promotive, preventive curative and rehabilitative health services, whereby all people receive the services they need without suffering financial hardship.

#### **Explanation:**

The achievement of the overall health outcome requires a multisectoral, integrated, horizontal approach by all stakeholders including civil society.

Countries should ensure that universal health coverage will include services related to achieving the current MDGs as well as services that will tackle emerging global health priorities, for example, noncommunicable diseases, mental health, nutrition and reproductive and sexual health. In addition, and based on national priorities, countries should decide which services are included in their universal health package.

Countries should also ensure that they move towards this goal equitably to reduce inequalities by ensuring that poor, vulnerable and marginalized people are covered effectively from the outset as a priority.

## Session 4:

### The role of health in achieving sustainable development, poverty reduction and human well-being case studies from the Region



The outcome of this Panel was to provide examples from the Region on the role of health in achieving sustainable development, poverty reduction and human well-being through relevant case-studies. The Panel discussed how a new framework should address the dimensions of economic growth, equity, social equality and environmental sustainability. It explored whether an overall focus on poverty eradication was sufficiently broad to capture the range of sustainable development issues.

The moderator, Dr Malalay Ahmadzai, Health Specialist, UNICEF India, explained how UHC as a concept encompassed issues of empowerment and poverty reduction. The presentations brought forth some learnings on how health served as an entry point

for promoting sustainable development in countries where success had been achieved. Addressing the multicausality of poverty had helped organizations develop comprehensive programmes which entailed convergence within programmes, for example, merging water and sanitation, health and nutrition.

The group recommended that organizations must understand and incorporate the relationship between sustainable development and poverty, which would contribute to innovation. As an example, creating a common platform for convergence between health, governance and sustainable development was discussed by civil society representatives from Bangladesh, India, Indonesia and Nepal, through

varied approaches, fostering an increased knowledge base and information sharing among the sectors. Mr Mulmi from Nepal highlighted the point that transparency and accountability should apply not only to NGOs, but donor agencies as well. Mr Sudershan from Karuna Trust shared in his presentation that public–private partnership was the hallmark of their organization, as was working with forest dwellers and tribal groups in unreached remote pockets. Governance in health was a key focus area



along with a human rights-based approach and focus on equity, even as present-day society was riddled with corruption and mismanagement. Good governance could lead to a quantum leap in health care. Dr Afsana from BRAC stressed the importance of centring programmes around the community as the focal point. Sustainable health outcomes would be a reality in the long term if the management and ownership was with the community. Dr Herjati from RTI, Indonesia, stressed the importance of mainstreaming peripheral issues. Another recommendation from Dr Dhakal, from Nepal, included integrating neglected tropical diseases into the development agenda.

BRAC and Karuna Trust shared examples of integrated programmes within the organization that allowed more flexibility and had the potential for increased scale-up. Sustainable community development could perhaps be used as a model for partnering with stakeholders such as the private sector and government.

### Key recommendations

- Understanding the significant link between health and good governance has a major role in ensuring greater output in programmes. Programmes need to work across sectors to be integrated, flexible and innovative, as well as accountable and transparent.
- Understanding and incorporating the dual relationship between sustainable development and poverty can help innovation.
- Transparency and accountability should apply not only to NGOs, but to donors agencies also. Efforts must also be directed towards good governance practices which could lead to a quantum leap in health care.
- To ensure greater linkages and partnerships for health, the larger vision for health needs to be more holistic, encompassing the rehabilitative, promotive, preventive and curative aspects along with environmental factors.
- Health with a focus on human rights needed to be addressed as a national priority. Programmes need to be centred on the community with focus on equity. Ownership by the community helps foster sustainable health outcomes.

## Session 5:

### **Discussion on improving partnerships, coordination, and effective accountability for the implementation of national health policies and strategies in the attainment of post-2015 development goals and on the role of NGOs in the implementation of the post-2015 health development agenda**



The aim of the discussion was to share ideas on how to improve partnerships, coordination and effective accountability for the implementation of national health policies and strategies in the attainment of the post-2015 health development goals. The discussion centred around the role of NGOs in the implementation of the post-2015 health development agenda along with a focus on partnerships with the media.

Mr Miller, Country Director BBC Media Action India, explained that the changing scope of the definition of civil society was an area that needed to be appreciated and tapped further. Discussion points were also raised about the role of the media and the role of using the right media to transmit messages. The discussion explored how NGOs with limited resources used media to leverage their work and engage with government and other stakeholders. It also explored whether the media could help to disseminate health messages and how business media could also be used in conveying health messages.

The challenges discussed included resource constraints, inefficient governance, lack of ethics in the media and poor health systems. However, civil society as a group had the power to meet these challenges if it wanted to. Civil society also needed to change its traditional image and aim at sustainability for itself too, not just the community. Another key point raised was that sustainability was always viewed in terms of finance; in fact, it was the processes, spirit and contributions that also needed to be sustainable.

Some of the recommendations of the session included incorporating a broad concept of partnership and an increase in innovation and rethinking by the civil society. This could be achieved by going back to the communities, examining the creative processes, incorporating new technologies in old project targets, such as using mobile telephones combined with tools such as street theatre and puppetry. In addition, it was necessary to partner with the media and bureaucracy in a manner



which was ‘intelligent’. The importance of building relationships with stakeholders that rested on principles of equality was explained. Regional information sharing was recognized as a significant element for strengthening partnerships as well as coordination among NGOs. It was suggested that NGOs in the Region must work

towards engaging more on regional issues with entities such as ASEAN, SAARC, and SEAPIN. These recommendations would be ideal, as they facilitated visibility of issues, horizontal integration and worked towards integrating the learning in the policy dialogue.

The moderator summarized the discussion and focused on an increased need for collaboration and transparency amongst CSO. He recommended that the wheel should not be constantly reinvented as we need to learn from each other’s successes and failures. He reminded the group that engaging with mainstream media is important and essential as it increases awareness about projects and interventions as well increases accountability of governmental and nongovernmental organizations. He suggested looking beyond the traditional role of media and focusing on using innovative and cost-effective ways to reach target communities.

### **Key recommendations**

- There is a need for civil society to rethink and incorporate a broader concept of partnership which includes innovation.
- Relationships with stakeholders need to be based on principles of equality which are furthered strengthened through information sharing.
- Partnering with the media must be an important aspect for the post-2015 agenda. Civil society needs to identify and incorporate methods which work towards engaging with the media, stakeholders and the community creatively.
- Engagement with the community is essential for NGOs and CSOs however it is important not to get caught up in a “silo approach”. They need to address not only individual health issues but also environmental and other related challenges in an integrated manner.

## Closing Session



Mr Mukhopadhyay welcomed Prof. Abhijit Banerjee, HLP member and Ford Foundation International Professor of Economics, Massachusetts Institute of Technology, on behalf of the WHO Regional Office, VHAI, and civil society delegates from South-East Asia. He noted that there had been fruitful discussions and at the end of the day, consensus had emerged on a few key concerns. There was a clear feeling among the participants and panellists present that the MDG goals had not been fully achieved in the Region. Therefore, there must be focused efforts towards achieving them. He said that opportunities such as this were historic and the aspirations of the community must be met; therefore, universal health coverage should be the key agenda that must be pushed forward. Aspects such as targets and detailing should be left to the country level as each had its own priorities, resources and contexts to keep in mind. In achieving UHC, there had been numerous evidence-based outcomes that had shown that it was possible to have a fair UHC agenda; it was

now a matter of upscaling it. Resources were a very big constraint; therefore, there should be strong advocacy for increased resources. Health was looked upon as an expense, although it was actually a long-term investment.

Mr Mukhopadhyay explained that the discussions over the past two days had focused on reaching a regional consensus on the positioning of health and the overall health goals and priorities in the post-2015 development agenda. The participants had formulated an overall health outcome goal statement with an overarching health sector goal and explanatory notes, the final draft of which had been submitted as part of the Botswana High-Level Dialogue meeting.

He said that another important concern emerging out of this consultative meeting was that connections with ordinary people had to be re-established to reach hitherto unreached community groups, seek their commitment and build on this synergy. The traditional systems of medicine had

been left out in the discourse which must be re-entrenched and given due importance in the coming times. The need for a multisectoral approach was the key. The social determinants of health must be given due consideration in all interventions; decentralization of health systems was a must to achieve results at the ground level. Migrant populations and undocumented workers in this Region must be a key focus area for governments and public health financing should be equity-focused with flexible resources being made available at the community level. There should be an energetic partnership with civil society in all public health efforts.

Prof. Abhijit Banerjee said that he had a few questions about the recommendations keeping in mind the overall health outcome goal drafted from this consultation. He explained that it could be difficult to measure the reduction of healthy life years lost because there could be major country variations. He mentioned that the second, overarching health sector goal of UHC would be difficult to measure without a baseline, and could potentially be contradictory – in mentioning both “universal” and “country-specific” indicators. While the countries could decide their service package and autonomy was very important, once this happened, the theory became unclear. “It gives and at the same time, kind of takes it away (and rightly so)”, were his words.

The content itself may not be clear to policy-makers, just as the term NCDs is not too clear to many, except public health specialists working in the subject area.

He further said that UHC is rather difficult to define and is ambiguous; therefore, the goals would be interpreted in many different ways, creating space for questions. To some people, UHC might mean making antibiotics available at low cost, but to others, there would be specific focus areas under it. Mental health is difficult to measure and UHC can be agreed to without really committing much to it or doing anything. It is up to the NGOs to take a call on this.

Mr Yates offered detailed clarifications on the draft health goals. He explained that the prime justification was the need to have a health outcome/indicator that the health sector was largely held accountable for. The second goal could be more focused; however, it should be borne in mind that there were definitely certain services whose outreach increase had a direct impact on health outcomes. The concept of UHC and the spirit behind it, was basically about people *using* the health services.

Prof. Banerjee mentioned at this point that the question was “who was going to measure?”, whether the issue was antibiotic use or availing health care treatment services. “How did one get a consumption





measure that took into account treatment?" Health care goals should be easy to define and be accountable.

Dr Ahmadzai said that all aspects of preventive, promotive, curative and rehabilitative care had been reviewed; and while discussing and formulating the goals, both morbidity and mortality had been taken into account.

Mr Yates mentioned that at the end of the day, the community was looking for the right medicines, so the issue of access to the right medicines was also of concern; health-care seeking behaviour meant people wanted the best out of their health systems.

Prof. Banerjee conveyed his willingness to champion any health cause, as long as he could clarify the questions raised convincingly. Mr Mukhopadhyay closed the discussion by inviting feedback and comments to be sent to Prof. Banerjee to put forth the perspectives and to enable him to effectively advocate the health cause.

## Closing Remarks

Dr Sangay Thinley, acting Deputy Regional Director, WHO Regional Office for South-

East Asia, summarized the session and conveyed the Regional Office's thanks to Mr Mukhopadhyay and his team for the two-day consultation. He also thanked Prof. Banerjee for the issues raised, and encouraged participants to send additional clarification and feedback to Prof. Banerjee for his consideration and possible inclusion in the discussions of the High-Level Panel of Eminent Persons.

Dr Sangay Thinley thanked the participants for their contributions and highlighted the importance of the consultation, which would provide a meaningful contribution to the larger dialogue process for the post-2015 development agenda. Dr Thinley reminded participants that the outcome of this meeting would be reflected in the Botswana High-Level Dialogue meeting. He mentioned that the WHO Regional Office was organizing a regional consultation on the global development framework with ministers from the Region, who would also consider this meeting's recommendations and civil society inputs. Both consultations would jointly feed into the Indonesia High-Level Panel meeting in March 2013. Dr Thinley closed the session by expressing his sincere thanks to the participants again for this consultative effort.

## Annex 1 - Programme

<b>Day 1: Thursday, 28 February 2013</b>		
0830-0900	Registration	
0900-1030	Opening Session <ul style="list-style-type: none"> <li>• Welcome Address</li> <li>• Inaugural Address</li> <li>• Keynote Address</li> <li>• Setting the Scene: Post-2015 Health Development Agenda</li> <li>• Introductions</li> <li>• Group photograph</li> </ul>	Dr Poonam Khetrapal Singh, Deputy Regional Director, WHO/SEARO  Dr Syeda S. Hameed, Member, Planning Commission, Government of India  Mr Keshav Desiraju, Secretary, Dept. of Health & Family Welfare, MoHFW, Government of India  Mr Alok Mukhopadhyay, CE, VHAI
1030-1100	<i>Tea/coffee break</i>	
1100-1110	Objectives and overview of global, regional and national consultations on the health theme in the post-2015 development agenda	Dr Poonam Khetrapal Singh, Deputy Regional Director, WHO/SEARO
1110-1230	Reflection on achievements, challenges and lessons learnt from the implementation of the health MDGs in South East Asia Regional countries	<u>Moderator:</u> Ms Caitlin Wiesen, Country Director, UNDP, India <u>Panelists:</u> <ul style="list-style-type: none"> <li>• Ms Nadimpally Sarojini, Director, Sama Resource Group for Women and Health, India</li> <li>• Ms Waranya Teokul, Thai Health Promotion Foundation, Thailand</li> <li>• Ms Aishath Looba, Deputy Director, Care Society, Maldives</li> <li>• Ms Rosaria Martins, Director, HIAM Health, Timor-Leste</li> </ul> <u>Rapporteur:</u> Ms Chandra Ramakrishnan, VHAI
1230-1330	<i>Lunch break</i>	
1330- 1345	Brief overview and analysis of results of global civil society online survey on Global Health	<ul style="list-style-type: none"> <li>• Ms Tamara Mulherin (CHESTRAD) via skype conference</li> </ul>

1345-1500	Discussion on the post-2015 health development agenda, goals and priorities	<p><u>Moderator:</u> Dr Robert Yates, Senior Health Economist, WCO-Indonesia</p> <p><u>Panelists:</u></p> <ul style="list-style-type: none"> <li>• Dr Vinya Ariyaratne, Executive Director, Sarvodaya, Sri Lanka</li> <li>• Prof. K. Srinath Reddy, President (Public Health Foundation of India) via video conference</li> <li>• Mr Daniel Marguari, Chief Executive Officer, Spiritia Foundation, Indonesia</li> <li>• Ms Tshering Pem, Lhak-Sam, Bhutan</li> <li>• Dr Selina Amin, Plan International, Bangladesh</li> </ul> <p><u>Rapporteur:</u> Ms Aditi Tewari, VHAI</p>
1500-1530	<i>Tea/coffee break</i>	
1530-1700	Cont... Discussion on the post-2015 health development goals and priorities – Facilitated discussion	
1730	<i>Reception</i>	

**Day 2: Friday, 1 March 2013**

0900-0915	Recap of Day 1	Secretariat
0915-1030	The role of health in achieving sustainable development, poverty reduction and human well-being case studies from the region	<p><u>Moderator:</u> Dr Malalay Ahmadzai, Health Specialist, UNICEF, India</p> <p><u>Panelists:</u></p> <ul style="list-style-type: none"> <li>• Dr Kaosar Afsana, Director, BRAC Bangladesh</li> <li>• Mr Shanta Lall Mulmi, General Secretary &amp; Executive Director, RECPHEC, Nepal</li> <li>• Dr H. Sudarshan, Honorary Secretary, Karuna Trust, India</li> <li>• Dr Herty Herjati, NTD Senior Technical Officer, Research Triangle Institute (RTI) International, Indonesia</li> </ul> <p><u>Rapporteur:</u> Ms Sukriti Jain, VHAI</p>

1030-1100	<i>Tea/coffee break</i>	
1100-1230	Discussion on the role of NGOs in the implementation of the post-2015 health development agenda	<p><u>Moderator:</u> Dr Vinya Ariyaratne, Executive Director, Sarvodaya, Sri Lanka</p> <p><u>Rapporteur:</u> Ms Chandra Ramakrishnan, VHAI</p>
1230-1330	<i>Lunch break</i>	
1330-1445	Discussion on improving partnerships, coordination and effective accountability for the implementation of national health policies and strategies in the attainment of post-2015 development goals	<p><u>Moderator:</u> Mr Sam Miller, Country Director for India, BBC Media Action</p> <p><u>Rapporteur:</u> Ms Aditi Tewari, VHAI</p>
1445-1515	<i>Tea/coffee break</i>	
1515-1630	<p>Closing Session</p> <ul style="list-style-type: none"> <li>• Key recommendations</li> <li>• Closing reflections</li> </ul> <ul style="list-style-type: none"> <li>• Closing remarks</li> </ul>	<p>Mr Alok Mukhopadhyay, CE, VHAI</p> <p>Mr Abhijit Banerjee, HLP member and Ford Foundation International Professor of Economics, Massachusetts Institute of Technology</p> <p>Dr Sangay Thinley, Ag. Deputy Regional Director, WHO/SEARO</p> <p>Rapporteur: Ms Sukriti Jain, VHAI</p>

## Annex 2 - List of Participants

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**Prof. Jay Satia**

Senior Vice President  
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### **Mr Shanta Lall Mulmi**

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### **SECRETARIAT WHO, WHO/SEARO**

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**Dr Neena Raina**  
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**Dr A.M. Zakir Hussain**  
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**Mr V.J. Mathew**  
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**Mr Paramjeet Singh**  
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**WHO COUNTRY OFFICE**  
**Indonesia**

**Dr Robert Yates**  
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**VOLUNTARY HEALTH**  
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**Ms Sukriti Jain**  
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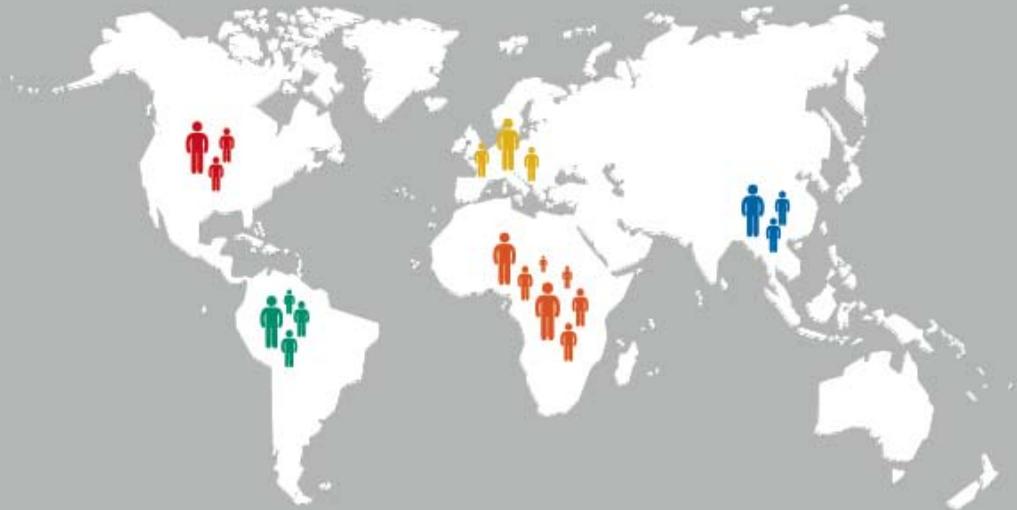
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# Annex 3 - South-East Asia Region Civil Society e-Consultation

Executive Summary

## Unfinished Business! New Priorities!!



**Improving Partnerships, Accountability  
and Governance for Health in the  
Post-2015 Development Agenda**



Southern Civil Society  
e-Consultation on the Health Theme  
of the Post-2015 Development Agenda

# Executive Summary

The World Health Organization South East Asia Regional Office (SEARO) has supported Global Health South, an alliance of Southern CS in global health ([www.globalhealthsouth.org](http://www.globalhealthsouth.org)), hosted by the Centre for Health Sciences Training, Research and Development (CHESTRAD) ([www.chestrad-ngo.org](http://www.chestrad-ngo.org)) to host a CS consultation on global health in the post 2015 development agenda. An online e-consultation targeted Civil Society Organisations in South East Asia with the intention of contributing to on-going consultations on the [www.worldwewant2015.org](http://www.worldwewant2015.org), [www.beyond2015.org](http://www.beyond2015.org) as well as to complement a previous similar survey conducted by Global Health South in December - January 2013 (available at [www.globalhealthsouth.org](http://www.globalhealthsouth.org)). Participants were also encouraged to submit documentation of their own experiences, lessons and organizational considerations on the priorities for global health in the post 2015 development agenda.

The consultation was open from the 31<sup>st</sup> January to 22<sup>nd</sup> February 2013. The online outreach targeted a total of 381 institutions across partner organizations and networks and attracted participation from 51 organizations active across 14 countries, a participation rate of 13%.

The draft findings of the consultation were presented and discussed at the South-East Asia Regional Consultation of NGOs and Civil Society, at the WHO Regional Office for South-East Asia, New Delhi, India on 28 February – 1 March 2013. The consultation noted that the MDG goals have not been fully achieved in the SEARO region, and that there must be focused efforts towards

achieving them. Universal Health Coverage should be the key agenda that must be pushed forward, but details such as targets should be defined at the country level as each has its own priorities, resources and contexts. Resources are a key constraint, so there should be strong advocacy for increased resources, recognising that health is a long term investment. Key recommendations from this meeting are included at Annex 1, and a full report is available at <http://www.searo.who.int/en/>.

## Key Messages

- The **findings from the SEARO e-consultation are broadly consistent with the findings from the initial Global Health South survey**:
  - ‘Universality’ – access, equity, coverage, social protection and financial protection
  - Need to strengthen health systems, not focus solely on diseases.
  - Importance of key priority groups – women and children in particular.
  - Need to ensure an intersectoral approach.
  - Emphasis should be given to accountability.
- There are **some differences in the priorities and rankings** expressed in the SEARO e-consultation (n=51), when compared with the South East Asia subset of the initial Global Health South survey (n=14), in particular stronger emphasis is given to:

- Non-Communicable Diseases and the wider determinants of health
  - Eye health
  - Disability
  - Financial protection
  - Accountability
- In spite of these differences, in most cases these they do not significantly affect the overall messaging around key priorities including SRHR, MNCH a, PHC, child and adolescent health when comparing the SEARO e-consultation findings with the Global Health South survey.
  - The SEARO e-consultation **reinforced the concept of ‘Universality’ – access, coverage, equity, financial and social protection but with a greater focus on access, equity and financial protection than was reported in the global e-consultation.** There was limited support for Life Expectancy which scored 5<sup>th</sup> of the approaches, principles and framework for the post 2015 agenda, and little support for One health goal (15)
  - Investment in Health Systems Strengthening remains a priority but the dominance of Human Resources for Health is less clear in the SE Asia response, which gave equal emphasis to financial and social protection.
  - There is a diverse response on leadership for global health which largely mirrors the Global Health South survey but there is a **stronger focus on national and local leadership** for health than on global health leadership; one area of particular interest, which

represents a difference in emphasis from the Global Health South survey, is on **collaborative approaches to leadership and partnership.**

- The SEARO e-consultation has enabled **clearer perspectives on the level at which civil society action should be taken on key health sector issues** (Service delivery, Policy advocacy and dialogue, Research evidence and performance management, Capacity enabling and leadership development, Development effectiveness and accountability, Innovation, Knowledge management, brokering and learning). In all but 2 of these categories (service delivery and innovation) the largest response rate emphasised that action should be taken at national or sub-national level; service delivery primarily emphasised community level action.
- There are a number of instances where responses to the ‘Other’ categories have received strongest emphasis but where we have limited information in the qualitative data. In these cases, and indeed across the whole survey, **there is a clear opportunity to facilitate further dialogue to deepen our understanding of options and priorities** for the post-2015 world.
- As with the Global Health South survey, **Messages to the High Level Panel of Eminent Persons emphasised the importance of process** (albeit based on a limited number of qualitative responses).
- **The survey has in many respects reinforced prioritisation of issues for South East Asia, as reflected in the Global Health South survey, and in**

many respects can be used to strengthen the messaging in the initial Global Health South survey. This should enable a more balanced, and stronger basis from which to amplify Southern Civil Society's voice in the on-going post-2015 Development Agenda dialogue.

'Health living with dignity is fundamental requirement of every human being when on earth. A day more to stay in this world is worth while therefore access and ability to health services should be equal to all'

*Lhak-Sam (BNP+), Bhutan*

## Summary of Key Findings

### Achievements and Lessons Learnt

- Two *achievements* were rated higher than others - reductions in child and improving access to increasing access to life saving interventions for malaria, HIV/AIDS and tuberculosis. The lowest ratings were given to galvanizing attention & investment for development (1.84) and mobilizing resources for health (1.8).
- In most cases the ratings were consistent between the survey reported here and the South East Asia sub-set of the initial Global Health South survey<sup>1</sup>, except in two cases most notably a difference of perspective on achievements around mobilizing resources for health is evident. The response is broadly consistent with the global aggregate

<sup>1</sup> The e-consultation was launched at the IHP+ Country Teams meeting in Nairobi (December 2012) and closed on 11th January 2013. The number of responses from South East Asia to that survey was 14.

ratings recorded in the initial Global Health South survey.

- Three clear *lessons learnt* stand out: 1) Financial resources need to be better linked to produce results; 2) Weak health systems have constrained universal access to health inputs and other life-saving interventions; 3) Although progress has been made, universal coverage, access and equity still remain concerns. This matches the priorities articulated in the global aggregate of the initial Global Health South survey.
- There are a number of areas in which responses to the survey reported here differed from the South East Asia sub-set of the initial Global Health South survey), but in most cases the aggregate views of the larger sample (n=51) were closer to the global aggregate (n=180) than the sub-set from the initial survey (n=14).
- CSOs place importance on partnership working and on principles such as influencing policy, providing a voice for the hard to reach, and communicating local needs. CSOs expect to be part of the post-2015 agenda process and beyond in all aspects of the development process.

### Health Priorities for the Post-2015 Development Agenda

- **Universal Health Care Principles.** Access, Social Protection, and Equity were the three principles with the highest ratings. However all principles received strong support. This is largely consistent with the global aggregate priorities in the initial Global Health South survey, except on the importance of coverage as a principle – in this survey coverage was ranked as 4<sup>th</sup>

most important, whereas the global aggregate in the initial Global Health South survey ranked it as 2<sup>nd</sup> most important.

- **Disease-specific priorities.** Two clear priorities emerge - Tuberculosis and HIV/AIDS and other STIs. Non-Communicable Diseases, and Immunization and other vaccine preventable diseases were also given high priority. There are some notable differences between the responses in the survey reported here, compared with the initial Global Health South survey, particularly on the emphasis given to TB. There is broad consistency in the key priorities between the two South East Asia subsets. From qualitative responses, the dominant theme for disease priorities is focussed on conditions associated with reproductive health, eye health and wider determinants for example, malnutrition, emergent effects of climate change and mental health.
- **Health systems strengthening priorities.** The top three priorities were expressed as: HRH (2.76 out 3); Financing and social protection (2.76), Accountability (supply, demand, remedial) (2.67). Some differences were noted when comparing this survey with the initial Global Health South survey: Medicines and medical supplies were given much lower emphasis; accountability was given more importance. The ranking of priorities in the survey reported here is consistent with the South East Asia subset from the initial Global Health South survey.
- **Issue-focused priorities.** Two priorities scored highest: Maternal and Newborn Health (MNH), Primary Health Care (PHC), closely followed by Sexual and

Reproductive Health (SRH), and Child and adolescent health. Least emphasis was given to Mental Health & Violence, and the Application of technology to health. This is consistent with the initial Global Health South survey, and with the South East Asia subset. Qualitative responses emphasised conditions, in particular eye health and disability, and particular interventions, such as primary care and palliative care.

## Measuring Progress

- **Goals.** Other frameworks was given the highest priority by respondents, but very few qualitative responses were given to elaborate on which frameworks would be most appropriate. Two other priorities were given clear emphasis: More than one health goal to include coverage access and equity with targets, A health goal that highlights the intersectorality of investment in health. Lowest priority was given to One health goal. Compared with the global aggregate ratings in the initial Global Health South survey, the emphasis on intersectorality reported here is consistent, as is the low priority attached to One health goal.
- **Principles and indicators.** Four criteria are given higher priority than other options: Equity, Access, HRH, Coverage. Financial protection was also given emphasis. This is consistent with the Global Health South survey.
- **Age or target group.** Four age groups are given higher priority than others: Infants, Under 5, Women, Neonates. Young people are also given prominence, but less so than in the Global Health South survey. The results from the survey reported here are strikingly similar to those reported in the Global Health South survey.

- Qualitative responses made numerous suggestions on how the collection, analysis and management of indicators could be improved, with emphasis given to participatory/inclusive mechanisms that actively involve CSOs, with resources made available for enhancing the dissemination of information, knowledge exchange opportunities and reporting processes. A number suggested the need to make use of mobile technologies as a means for collecting, storing and analysing data as well widening accessibility and transparency.

## **Integrating Health into the Sustainable Development Goals/ Agenda**

- The highest score was given to the ‘Other’ option, but very few qualitative responses were given to elaborate on which contexts were most relevant or important. The standout priority context was Unfinished MDG agenda, neglected priorities, emerging challenges. Contexts of lowest priority/relevance were recorded as ‘Significant change in global architecture’ and ‘More globalized and interconnect world’. These results are entirely consistent with the results from the initial Global Health South (GHS) survey. There is though a difference between these responses and the South East Asia subset of the GHS survey which gave greatest emphasis to Economic realities of growth in developed & developing countries.
- Four principles for measurements and indicators were given strong support: Human Rights & security, Empowerment and Sustainable Livelihood, Universality and Equity,

Accountability & responsibility. These results are entirely consistent with the Global Health South (GHS) survey. There are though some interesting differences between the survey report here and the South East Asia subset of the GHS survey, which strongly prioritised Accountability & responsibility followed by Universality and Equity, Results & sustainability and Human Rights & security.

## **Accountability for Global Health**

- The principles, approaches and frameworks with the highest score was the ‘Other’ option, but very few qualitative responses were given to elaborate on which principles, approaches and frameworks were most relevant or important. Other priorities were: Promoting multi-sector action, Sustainable development focus, and Accountability. All options received a high degree of support for each.
- The top three options for improving global and country institutional arrangements to ensure accountability, responsibility and solidarity were: Mutual accountability, All of the above, and Adaptive, responsive accountability framework. This is broadly consistent with the Global Health South (GHS) survey.

## **Civil Society and the Development Agenda**

- The SEARO e-consultation used a slightly different scoring/coding structure than in the initial Global Health South (GHS) survey. This has enabled interesting and useful perspectives on the level at which CSO action should be taken: In all but 2 of

the categories (service delivery and innovation) the largest response rate emphasised that action should be taken at national or sub-national level.

## Global Health Architecture, Partnership and Governance

There were 35 responses to the open-ended question on the number of organizations and partnerships engaged in health at global and national levels, who should lead interlinked priorities in health, and how leadership should be structured and managed.. The question of who should lead, raised varied comment with most expressing a preference for national government structures, such as Ministries of Health. There was some support for global organisations, in particular the World Health Organisation or other United Nations sponsored mechanism. Interestingly, a considerable number of responses emphasised a blended models, with no one sector leading, rather roles reflecting the strengths of specific sectors and the notion of ‘parity of esteem’ embedded. Whatever the structure, the principles of partnership, empowerment and accountability were highlighted as important, especially in relation to CSO’s participation.

‘Universal coverage is the answer. Deconstruction of it for the purpose of measurement is good but assigning primary one over other segment is preposterous’

*Prayas Centre for Health Equity, India*

‘Unfinished agenda, neglected priorities, new challenges and accountability: Our Progress must be sustained and Promises must be kept’

*Commonwealth association for Health and disability, India*

## Conclusions

The SEARO e-consultation provides a valuable complement to the Global Health South survey, and helps to strengthen Southern voice on key issues relating to the post-2015 development agenda. Whilst an important message arising from analysis of the survey responses emphasises consistency with both the global aggregates in the Global Health South survey and in the South East Asia subset from that survey (and also with the messages arising from an overview of the submissions to the World We Want process), it is important to recognise that there are some interesting areas of divergence and nuance. This may be a product of the longer history and deeper culture of civil society action in South East Asia has been seen in Africa and other regions. Contributions from the South East Asia region appear to be deeper in engagement of populations and communities in service delivery across a broad range of disease and issue specific priorities. In spite of this, many aspirations for the post 2015 health development agenda are held in common with other regions, including sub-Saharan Africa.

With further analysis and discussion, a better understanding of the nuances in the survey responses could be gained, and it is recommended that WHO SEARO and its partners use this report as a platform for further dialogue. In particular, where responses to the ‘Other’ categories have received more emphasis but where we have limited information in the qualitative data, there is a clear opportunity to facilitate further dialogue to deepen our understanding of options and priorities for the post-2015 world.

More generally, and consistent with recommendations made in the Global

Health South survey, we believe that:

**Civil Society Organisations** should use the findings in this report to inform and strengthen their positions in regional and country negotiations and to stimulate further debate.

**National Governments and Development Partners** should take note of the substantive messages and findings in the report,

particularly where these reflect differences in opinion with emerging thinking on key issues (e.g., universal health care).

**The stewards of the Post-2015 development agenda process** should reflect on the lessons that can be drawn from the experience of conducting this e-consultation, and should look to incorporate these lessons into future processes.

The *Regional Consultation of NGOs and Civil Society on Post-2015 Health Development Agenda* took place in the context of the global thematic consultation on health in the post 2015 development agenda, co-convened by the Government of Botswana, Government of Sweden, UNICEF and WHO. This thematic consultation was part of extensive consultations involving governments, civil society, the private sector, academia and research institutions. The recommendations from this meeting formed part of the inputs into the final report on the post 2015 Development Agenda consultation.

The WHO South-East Asia Regional Office and Voluntary Health Association of India (VHAI) co-organized the consultation from 28 February - 1 March 2013. More than 50 participants, including key international and national NGOs, civil society organizations from the South-East Asia Region, senior officials, experts, UN agencies and key partners participated in the consultation.

The consultation reflected on achievements, challenges and lessons learnt in implementing the health MDGs in the Region. It also explored the role of health in achieving sustainable development, poverty reduction and human well-being. A shared understanding and a regional perspective on the positioning of health in the post-2015 development framework was reached where health was seen as central to the broader issue of sustainable development. The key recommendation proposed was an overall umbrella goal for health that focused on health, human well-being and universal health coverage. Creative and innovative partnerships with multiple stakeholders were seen as fundamental as was the significant role NGOs and civil society should play in carrying out the post-2015 health development agenda.