Ministerial Round Table:

Health in the post-2015 development agenda

The status of agreement on the Sustainable Development Goals (SDGs) as a whole, and the health SDG more specifically, is outlined.

The process for finalizing the SDGs, and agreeing on the monitoring framework, targets and indicators for the SDGs, including health, is summarized.

The attached working paper to be presented to the Ministerial Round Table was submitted to the High-Level Preparatory (HLP) Meeting for its review. The recommendations of the HLP meeting were as follows.

**Action by Member States**

- Participate in the evolving SDG development and finalization process culminating in the discussion at the UN General Assembly, and consider potential impacts on current and planned health financing and monitoring, to be discussed during the Round Table.

**Action by WHO Regional Office**

- Have a flexible Round Table format for ministers on health in the Post-2015 Development Agenda, based on the suggested issues for discussion in the working paper.
Introduction

- **Negotiations on the post-2015 development agenda and its sustainable development goals (SDGs) are almost complete.** This has been an intergovernmental process, in contrast to the more technocratic UN-led approach for the MDGs. The Special Summit on Sustainable Development in September 2015 will adopt the post-2015 development agenda.

- **The SDGs are more ambitious than the MDGs.** There are 17 SDGs - in contrast to eight MDGs. The aim is to encourage an integrated approach to sustainable development, with a focus on the most vulnerable. A common phrase being used is ‘leave no-one behind’.

- **Health is quite well placed.** The single overarching health goal is to “Ensure healthy lives and promote well-being for all at all ages”. Health is linked to many other goals such as poverty reduction; hunger relief and nutrition; safer cities; lower inequality; affordable and clean energy, clean water and sanitation.

- **The health goal has 13 targets, in four categories:** the unfinished MDG agenda; noncommunicable disease and injuries, health systems and social determinants of health. *(Annex 1)*

- **Financing for development.** The Third International Conference on Financing for Development will be in Addis Ababa in July 2015. This will assess progress with implementation of the 2002 Monterey Consensus and the 2008 Doha Declaration. Discussions on the outcome document (the Addis Ababa Accord) are ongoing. The focus is on means of implementation, and also whether economic issues such as debt relief should be included.

- **Indicator framework for SDG monitoring.** The UN Statistical Commission has been given this complex task, and will deliver indicators by March 2016. There are currently 169 indicators for the 17 goals, but many want less than 100. There is more emphasis on disaggregated indicators than there was with the MDGs. There are concerns about the excessive reporting burden.

- **Health monitoring is more advanced than for many other goals**
  - Almost 100 targets and indicators from existing World Health Assembly resolutions; a Global Reference List of 100 Core Indicators is agreed by all key health development agencies and countries. *(Annex 1)*
  - Country M&E: typically 30–50 indicators used to monitor national health plan.

What has WHO been doing?

- **In SEAR, the Regional Director’s seven flagship priorities fit well with the SDG agenda.** They will remain a sound framework for advancing health development in the Region.

- **Financing for development** All Member States will attend the Conference in Addis Ababa. The WHO delegation will reinforce the message that health is an essential part of the development agenda and needs to be properly resourced.
• **SDG monitoring framework.** WHO is actively engaged with the UN Statistical Commission. It has submitted detailed comments on the proposed health indicators to the Interagency and Expert Group on SDG Indicators.

• **UHC is the platform to promote and monitor an integrated health agenda post-2015.** UHC is one of the Regional Director’s flagship priorities, supported by resolutions of the Regional Committee as well as the UN General Assembly. WHO and the World Bank have published an updated UHC monitoring framework. A global summit on measurement and accountability for health results was held 9–11 June in Washington DC. There was consensus on a roadmap for improving health monitoring and accountability over the next 15 years.

**Possible points for discussion during the Ministerial Round Table**

1. **SDG goal for health:** do the goal and its 13 targets well reflect the critical health challenges faced by SEAR Member States today and in the future?

2. **Financing the SDG for health:** how do you see the links between the SDG financing dialogue and current efforts to mobilize domestic resources for health, and improve financial risk protection?

3. **How to make progress:** What opportunities and challenges do you anticipate in making progress on the SDG for health? To what extent do your national policies and priorities already indicate what steps your country is taking over the next five years, which will contribute to achieving the SDG for health by 2030?

4. **How to monitor progress?** What opportunities and challenges do you anticipate in monitoring progress on the SDG for health, using national information systems?
Annex 1

Sustainable Development Health Goal and its 13 Targets

**SDG health goal 3 and its 13 targets**

3.1 Reduce maternal mortality
3.2 End preventable child and neonatal mortality
3.3 End epidemics of HIV, TB, malaria and NTD, and combat hepatitis, waterborne diseases and other communicable diseases
3.4 Reduce mortality due to NCD and improve mental health
3.5 Strengthen prevention and treatment of substance abuse (narcotics, alcohol)
3.6 Reduce mortality due to road traffic injuries
3.7 Universal access to sexual and reproductive health-care services
3.8 Achieve universal health coverage
3.9 Reduce deaths and illness due to pollution and contamination
3.10 Enhance capacity for early warning, risk reduction and management of national and global health risks
3.11 Access to affordable essential medicines and technologies
3.12 Increased health financing and health workforce in developing countries
3.13 To ensure healthy lives and promote wellbeing for all at all ages

**Indicator proposals from WHO (14 on 5 June)**

<table>
<thead>
<tr>
<th>Target</th>
<th>Indicator</th>
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<tbody>
<tr>
<td>3.1 Reduce maternal mortality to &lt;70</td>
<td>Maternal mortality rate (&lt;70 / 100,000 live births)</td>
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<tr>
<td>3.2 End newborn and child preventable deaths</td>
<td>Under-5 mortality rate (no more than 23 per 1,000 live births)</td>
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</table>
| 3.3 End epidemics | HIV incidence and mortality rates (90% reduction)  
TS incidence and mortality numbers (80% and 90% reductions)  
Malaria incidence and mortality rates (90% reduction)  
Hepatitis B incidence (90% reduction) |
| 3.4 Reduce NCD mortality and improve mental health | Mortality rate due to CVD, cancer, diabetes, or chronic respiratory disease between ages 30 and 70 (50% reduction) |
| 3.5 Prevention and treatment of substance abuse | Mortality numbers due to road traffic accidents (50% reduction) |
| 3.6 Halve deaths and injuries from road traffic accidents | Family planning coverage rate (at least 75%) |
| 3.7 Universal access to sexual and reproductive health care services | Coverage index with tracer interventions for prevention and treatment and financial protection |
| 3.8 Universal health coverage | Population in urban areas exposed to outdoor air pollution above WHO guideline values |
| 3.9 Reduce mortality and illness from pollution and contamination | Tobacco use |
| 3.10 Tobacco (FCTC) | Population with access to affordable medicines (%) |
| 3.11 Increase health financing and enhance health workforce in developing countries | Health workers per 1,000 population |
| 3.12 Strengthen capacity health risks | Implementation of IHR core capacities |