

Placing populations' health at the heart of the post-2015 agenda

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The Millennium Development Goals (MDGs) have shaped global health and development priorities and have catalysed major improvements in women's and children's health. The post-2015 development agenda, currently under debate, must capitalize on these achievements. To this end, in 2012 the United Nations System Task Team on the Post-2015 Sustainable Development Agenda proposed a framework with four core dimensions: inclusive economic development, environmental sustainability, inclusive social development and peace and security.¹ Based on this framework, the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda has proposed 12 goals and 54 targets as part of a transformative, people-centred agenda for development. We wish to reinforce the direction of this work by stressing the need to put populations' health at the heart of the post-2015 agenda. This can be accomplished by moving health and development efforts beyond sectoral silos and focusing on the world's most disadvantaged groups.¹

Equity resonates throughout current discussions and consensus towards prioritizing the most disadvantaged members of society is emerging. We therefore propose a focus on the poorest populations in every country, with special attention to women of reproductive age, children and adolescents. These groups are especially vulnerable in several domains, yet they are also vital "human capital" for any society wishing to progress in the four dimensions of sustainable development.

In the economic sphere, women are major players. Over 500 million women in the world have joined the workforce in the past 30 years thanks to strides in female education, access to contraception and gender equity.² Lower fertility rates resulting from access to contraception have reduced pressure on the environment. In fact, lower fertility rates and better child survival explain from 30 to 50% of south-eastern Asia's dramatic economic growth between 1965 and 1990.³ Children and adolescents, on the other hand, are tomorrow's workforce. Those who are healthy will grow up to be more produc-

tive citizens and will have higher lifetime earning potential than those who are not.

The adverse effects of environmental hazards, including climate change, are often disproportionately experienced by women and children in low- and middle-income countries. In some societies women and children are responsible for performing chores out in the open and when sources of water and fuel are disrupted by climatic conditions, they are forced to travel long distances to secure these basic goods. Some women make a living in fishing or agriculture and extreme weather events can deplete them of food and income. Women and children are also more exposed to certain indoor household risks, such as air pollution from the use of solid fuel, a leading cause of respiratory illness.⁴ Soil and water pollution and soil depletion from unsustainable farming practices exacerbate environmental degradation. This can lead to food insecurity and malnutrition, an underlying cause of poor health and poverty, particularly among women and children.

In the area of social inclusiveness, women, adolescents and children are at a disadvantage. They are under-represented socially and politically in many countries and they are often victims of deep-rooted sociocultural and gender-based inequities that result in reduced life opportunities and poor health outcomes. Initiatives that advance their rights can enhance social inclusion and reduce poverty, stimulate economic development and improve maternal, neonatal and child health. Family planning is necessary for social development. Reduced fertility, as we have seen, has contributed to economic growth and to women's participation in the workforce. Education is also a major driver of social change. Higher literacy in both sexes is associated with better health outcomes and greater social, economic and political participation. Women's involvement in economic and political activities often enhances their social inclusion. In Rwanda, for example, women have the highest percentage of parliamentary representation in the world (56%) and

have played a critical role in health and development efforts.^{5,6} Universal access to quality health care is also critical for inclusive social development. Every year 150 million people in the world suffer severe financial hardship and 100 million are pushed into poverty because they have to pay for health care out of their own pockets.⁷ Social protection measures, including financial risk protection, are needed to ensure equitable access to health care.

The threat of sexual violence undermines the safety and security of women and adolescent girls. In conflict situations, women and girls are often raped and used as instruments for gaining political or military advantage.⁸ Educating men and boys is essential for the prevention of violence in the home and the community during times of war and peace.⁸⁻¹⁰ Endemic diseases and social dislocation are especially detrimental to children and pose major threats to security. For example, in sub-Saharan Africa the pandemic of acquired immunodeficiency syndrome (AIDS) has created a new caste of orphans who fall into a cycle of ill health and poverty and, in many cases, crime.

In summary, the post-2015 sustainable development framework, with its focus on four overarching areas, offers an opportunity to build on the MDGs. A transformative agenda that prioritizes the most disadvantaged people everywhere, and especially women, children and adolescents, will yield the greatest benefits. Such an agenda will require a strong collaborative international effort involving multiple stakeholders. Existing partnerships, such as Every Woman Every Child and the Partnership for Maternal, Newborn and Child Health, provide a model that has worked in the past and that should be extended across the many sectors involved in global health and sustainable development. ■

Acknowledgements and references

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