Informal Member State Consultation on Health in the Post 2015 Development Agenda

14 December 2012
World Health Organization, Executive Board Room

Summary Report

Introduction

The informal consultation was opened by Dr Margaret Chan, Director-General, WHO; Ms Marie-Pierre Poirier, Regional Director for Central and Eastern Europe and the Commonwealth of Independent States, UNICEF; and Dr Anders Nordstrom, Ambassador for Global Health, Sweden. Representatives from 38 Member States and five international agencies were present.

The health thematic consultation is co-led by WHO and UNICEF, in collaboration with the Governments of Botswana and Sweden, and supported by a UN interagency group, including UNAIDS, UNFPA, UNDP, UNDESA and OHCHR. All relevant information is presented at www.worldwewant2015.org/health. The main outcome of the consultation process will be a summary paper on health in the post-2015 development agenda that will be presented to the High Level Panel and the Office of the UN Secretary-General.

The meeting's discussions focused on the first four of the five questions that are being used to guide the health thematic consultation. This report provides a summary of the interventions made by the Member State representatives.

Lessons learnt from the health-related MDGs

The MDGs have several strengths that form a good basis for the development of post-2015 goals and indicators. These include the clarity of the MDGs in terms of specific health outcomes, which allowed their wide acceptance. The goals have become known to all heads of state, have been sellable to policy-makers and have become accessible to the general public. They also provide a unique brand for the UN. The goals and indicators have resonated well with country realities.

The ability to measure progress with clear, well-specified, indicators and clear accountability for results as an integral part of the MDGs has been critical for the achievement of such widespread acceptance.

There are also weaknesses. In particular, the dimensions of equity, human rights and social determinants of health are not well articulated or monitored, and the structure of the MDGs has encouraged silos.

Health priorities post-2015

Many indicated that the health MDGs are "unfinished business" and still very relevant; a post-2015 slowdown must be avoided. The Millennium Declaration is still valid and the work has not been completed. The MDG poverty eradication agenda should continue, using the momentum of the current framework.

Sexual and reproductive health only became part of the MDGs (as goal 5b) five years ago. Implementation and monitoring has only just begun. More time is needed to implement this critical agenda, and therefore it should remain a priority.

Global solidarity continues to be important. Official development assistance will remain critical in the post-2015 world; resource issues should be addressed. At the same time, the changing global landscape needs to be taken into account, making the post-2015 agenda and its goals relevant to all countries.

The health priorities post-2015 should address the neglected elements of the MDGs such as the social determinants of health, including girls' education, health equity and gender equality, and should place greater emphasis on human rights and human dignity.

Several new priorities need to be addressed: ageing and noncommunicable diseases (NCDs), the health impact of climate change, human mobility and refugees. The links between health and sustainable development, as made explicit in the Rio+20 sustainable development report, need to be made clear.

Defining future health goals

Health priority-setting should build upon the lessons learnt from current and past initiatives. Ongoing and completed reviews of the MDGs and other reviews such as the International Conference on Population and Development (ICPD) should be used to develop future health goals. More analytical work is needed to define future health priorities, e.g. projections of the burden of disease in the coming decades.

A long-term strategy is needed that integrates new issues into the MDGs. Mainstreaming health across high-level goals may be desirable, but separate high-level health goals are also needed. The health goal itself needs to be broad. Simplicity is key for a top-line quantitative goal. It should also be achievable and cover equity and social determinants as well as health systems.

Health can provide a measure of development, is an input into other sectors, and is also a beneficiary of development. Health should therefore be both a goal and an indicator, but it may be difficult to have more than one health goal in the post-2015 development agenda.

It will be important to bring the SDGs and MDGs together, and health should remain prominent in the new agenda. That agenda should address the "unfinished business" of the MDGs as well as take the new health architecture into account. While keeping the health MDG targets, the increasingly apparent challenges of NCDs and their risk factors should also be included, with clear indicators. A silo approach with many vertical health programmes is not sustainable. It was noted that much can be learnt from HIV/AIDS in terms of a multisectoral approach.

New goals should be time-limited and easy to communicate. Accountability and regular reviews of progress should be possible and concrete. Future goals must be accessible to and resonant with the general public, as the MDGs are.

Most of the discussion focused on two types of possible overarching goals: (healthy) life expectancy and universal health coverage (UHC). Some considered that the overarching goal should focus on outcome or health impact measures, such as life expectancy or all-cause mortality, lives saved or diseases averted, with disaggregation to address the equity dimension. Healthy life expectancy is

considered a particularly attractive end goal, as it takes mortality, morbidity and disability into account, although its measurement may be problematic.

Others considered UHC as the best option for an overarching goal, with the proviso that attention must be maintained to achieving the MDGs. The attractiveness of UHC is that it could break down silos and promote a more integrated approach within the health sector. On the other hand, as some pointed out, UHC is considered a means to achieve better health, not necessarily a goal in itself. Furthermore, UHC is in need of clarification, as it can mean different things to different people, and was also difficult to measure. Countries are in different stages of progress towards UHC, and this may affect the ability to use it as a global goal.

In particular, the content of UHC must be defined. Although much attention has been paid to the financing aspect of UHC, quality, access to and utilization of services needs more attention. Many access-related issues were mentioned as critical. UHC should include access to medicines, stronger health systems, people-centred services, nutrition, health promotion and disease prevention, quality of care, and evidence-based medicine. UHC should also address the social determinants of health; it should cover communicable diseases, NCDs, sexual and reproductive health, preparedness and responsiveness.

The adoption of a resolution on UHC at the UN General Assembly in New York in December 2012, sponsored by over 90 Member States, was marked as a significant event that will have an impact on defining future health goals. France was thanked for its leadership in the development and adoption of the resolution.

Regardless of which overarching goal is favoured, a multisectoral approach is essential, incorporating the social determinants of health and with a central focus on equity and poverty reduction. The language on equity in the Rio +20 declaration is considered useful. More focus on the most vulnerable populations is needed, as well as on countries in conflict.

Measuring progress towards achievement

Both UHC and healthy life expectancy are attractive goals but their measurement will be challenging. The goals must be translated into measurable and concrete indicators that can be understood by all, from leaders to the general public. This work should build upon the MDG scheme of measurement and monitoring.

In the case of UHC, there is no “one size fits all” approach, and there should be different ways to measure progress. It may be better to consider indicators, but without global targets, at least initially. These indicators and targets need to be built up from the countries.

No matter which indicators are used, data availability and quality need to be addressed to enhance the capacity for measurement and monitoring progress. Good information systems are critical.