



## Ministerial lunch: Health in the post-2015 development agenda

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12:30, Lounge area 1

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# Health in the post-2015 development agenda

## **The global framework for health**

Even before the first consultations on the post-2015 development agenda began, health featured prominently in the United Nations General Assembly's resolution A/RES/66/288, "The future we want", which recognized health as "a precondition for and an outcome and indicator of all three dimensions of sustainable development." This position was reinforced by the Rio Political Declaration on Social Determinants of Health and by the General Assembly's resolution A/RES/67/81 on "Global health and foreign policy", which recommended that consideration be given to include universal health coverage in the discussion of the post-2015 United Nations development agenda.

One of the series of global thematic consultations on the post-2015 agenda, organized by the United Nations Development Group as part of the global conversation between October 2012 and February 2013, was a consultation on health, organized jointly by WHO and the United Nations International Children's Emergency Fund (UNICEF), and with Botswana and Sweden as the lead Member States. The global consultation included a web-based consultation, the development of a series of background papers on lessons learnt from the current Millennium Development Goals (MDGs) and on future directions, and a series of consultations with Member States, nongovernmental organizations, private sector partners and academic and research institutions.

The report of the global thematic consultation on health, which was finalized at a High Level Dialogue on Health in the Post-2015 Development Agenda in Gaborone, Botswana (4–6 March 2013), was submitted to the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda before the finalization of its report and formed the basis of the report

identifying “means of implementation” or the way in which the goals will be delivered. More discussion has therefore been requested by Member States on the implementation of the post-2015 agenda. To address this, United Nations Country Teams, supported by the United Nations Development Group, are leading national dialogues on the following six themes:

- localizing the post-2015 development agenda (Armenia, Tajikistan);
- participatory monitoring, existing and new forms of accountability (Kosovo, Montenegro);
- helping to strengthen capacities and institutions (Republic of Moldova, Turkmenistan);
- partnerships with civil society and other actors (Azerbaijan);
- partnerships with the private sector (Turkey);
- culture and development (Serbia).

The timeline for these consultation processes is January to December 2014. The milestones include: interim reporting, when feasible, as input to the final report of the OWG; the report of the Intergovernmental Committee of Experts on Sustainable Development Financing; the report requested by the United Nations Secretary-General at the end of 2014; and other intergovernmental processes that will shape the discussions on the post-2015 agenda.

Much of the discussion during the sixty-ninth session of the United Nations General Assembly in New York (16 September to 1 October 2014) will be conducted by representatives of ministries of foreign affairs and permanent missions. It is essential that ministries of health keep their national representatives informed and well briefed, with a coherent narrative on the role and importance of health.

#### **Topics to guide discussions during the ministerial lunch**

- Progress made and the need for accelerated efforts towards the health-related MDGs
- European challenges in advancing health and well-being and addressing inequalities
- Lessons learnt from national efforts
- The framework for post-2015 health goal(s)
- Universal health coverage as a means to achieve better health outcomes and also as a goal in its own right
- National and regional ownership, commitment, capacity and accountability for implementing the new development agenda

considered by the Sixty-sixth World Health Assembly and adopted in resolution WHA66.11, “Health in the post-2015 UN development agenda”.

The report of the High Level Dialogue in Botswana contains three considerations:

- Health is a vital component of sustainable development and human well-being and thus contributes to the overarching purpose of any new set of global goals.
- The concern of a health goal will be to maximize health at all stages of life – this will include accelerating and completing work to achieve the health-related MDGs and extending work to cover noncommunicable diseases.
- Universal health coverage is both a means to the end of achieving these outcomes and a desirable end in itself.

The global consultation on health concluded that the overarching goal of the wider post-2015 agenda should recognize health as a critical contributor to and outcome of sustainable development. It should call for a holistic, inclusive approach based on the concept of well-being and not merely the absence of death and disease. The aim should be to maximize healthy life expectancy; universal health coverage being a key instrument to this end. The main theme of the global consultation on health was picked up in the High-Level Panel’s report, *A New Global Partnership: Eradicate Poverty and Transform Economies through Sustainable Development*, in “Goal 4: Ensure healthy lives”. The five targets associated with this goal are to:

- end preventable infant and under-five deaths;
- increase by x% the proportion of children, adolescents, at-risk adults and older people that are fully vaccinated;
- decrease the maternal mortality ratio to no more than x per 100 000;
- ensure universal sexual and reproductive health and rights;
- reduce the burden of disease from HIV/AIDS, tuberculosis, malaria, neglected tropical diseases and priority non-communicable diseases.

The High-Level Panel recognized that “though we focus on health outcomes in this goal, to achieve these outcomes requires universal access to basic healthcare.”

The report of the Sustainable Development Solutions Network also includes illustrative goals. For health this is expressed in terms of “Achieve health and well-being at all stages of life”. Universal access that “includes sexual and reproductive healthcare, family planning, routine immunizations, and the prevention and treatment of communicable and noncommunicable diseases” is included as a specific target.

<sup>1</sup> In accordance with Security Council resolution 1244 (1999)

The Open Working Group on Sustainable Development Goals (OWG) has held one discussion specifically on health. In their summary, the co-facilitators acknowledged that universal health coverage is central to sustainable development. In the current version of Zero Draft submitted on 30 June 2014 after the twelfth session of the OWG, health is included as “Proposed goal 3: Attain healthy life for all at all ages”, with targets addressing the unfinished health MDGs, emerging global health priorities, universal health coverage and broader determinants of ill health.

It is widely understood that the post-2015 development agenda will be based on the premise of sustainable development, for which health is a precondition, an outcome and an indicator of success. The emerging narrative on goals is inclusive, based on maximizing health at all ages. Specific targets in the context of the post-2015 goals are still under discussion and need to be consistent with what is being proposed through the United Nations General Assembly and other international governance mechanisms.

The prime concern for WHO is to support an approach that can accommodate a wide variety of interests within the health sector in a single framework. This strategy will encourage collaboration and reduce competition between different health conditions, different health interventions and different population groups. WHO will continue to promote the use of health indicators for measuring progress in all three pillars of sustainable development.

#### **A development agenda focused on health, well-being and equity**

The MDG agenda is unfinished in the WHO European Region and efforts must be accelerated during “the last mile” in order to achieve MDGs in areas where progress is lagging and to address inequalities, which remain critical. The unfinished agenda of the MDGs, universal health coverage, noncommunicable diseases, and sexual and reproductive health and rights should be addressed in the future development framework.

The Regional Consultation on “Inclusive and Sustainable Development: Perspectives from Europe and Central Asia on the Post-2015 Development Agenda”, held in Istanbul, Turkey (7–8 November 2013), concluded that: “Any goal on health should advocate for a whole-of-government, whole-of-society and a life-course approach, crucial for addressing the social, economic and environmental determinants of health and for the well-being of societies at large.”

Moving towards universal health coverage will require strong, efficient health systems that can respond to the full range of health determinants and deliver high-quality services for a broad range of health priorities in the country. Health financing systems are required that

can raise sufficient funds for health and also provide access to essential medicines and other supplies and equipment, good governance, health information and a well-trained, motivated workforce.

Health 2020, the European policy for health and well-being, sets the foundation for the new development agenda through its strategic objectives to:

- improve health for all and reduce health inequalities;
- improve leadership and participatory governance for health.

Combating health inequalities and achieving the best possible health and well-being for all requires a range of policy and governance interventions, mainly in the following areas:

- addressing the social, economic and environmental determinants of health through inter-sectoral action and integrated policy measures;
- tackling environmental threats to human health, including those related to air quality, climate change, transport and water and sanitation (in this regard, the European Environment and Health Process is critical to shaping appropriate policies and actions in the Region);
- taking a life-course approach to increased equity in health, beginning early in life (with pregnancy and early childhood development) and continuing with school, the transition to reproductive age, working life, employment and working conditions, and circumstances affecting older people;
- intervening to prevent the transmission of disadvantage and health inequity across generations;
- putting in place policies that remove gender differences in health and social and economic opportunities; and
- strengthening national health information systems, civil registration and vital statistics, at the district level and below, as a prerequisite for measuring and improving equity.

Building the governance required to orchestrate a coherent response across government and society that results in better health outcomes remains one of the greatest challenges in global health. The priorities put forward by Health 2020 provide a framework for action across government and society and call for a combination of governance approaches that promote health, equity and well-being.

#### **Means of implementation**

Setting the framework for the post-2015 development agenda should go hand in hand with