HEALTH IN THE POST-2015 AGENDA

Report of the Global Thematic Consultation on Health

April 2013

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Acronyms

ICPD	International Conference on Population and Development
iERG	independent Expert Review Group
IHP+	International Health Partnership
MDGs	Millennium Development Goals
NCDs	noncommunicable diseases
OHCHR	Office of the High Commission for Human Rights
PEPFAR	President's Emergency Plan for AIDS Relief
PMNCH	Partnership for Maternal Newborn and Child Health
NGOs	nongovernmental organizations
TB	tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDESA	Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Executive summary

"Human development as an approach, deals with what I consider the basic development idea: namely, increasing the richness of human life rather than the wealth of the economy in which human beings live, which is only a part of life itself." **—Amartya Sen, Nobel Prize winner for economics in 1998**

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." **—WHO Constitution**

Between September 2012 and March 2013 the Global Thematic Consultation on Health in the Post-2015 Development Agenda received inputs from people and organizations around the world on how best to ensure the health of future generations.

The objectives for the consultation were:

- to stimulate wide-ranging discussion at global, regional, and country levels on progress made and lessons learnt from the MDGs relating to health;
- to discuss and develop a shared understanding among Member States, UN agencies, civil society, and other stakeholders on the positioning of health in the post-2015 development framework; and
- to propose health goals and related targets and indicators for the post-2015 development agenda, as well as approaches for implementation, measurement, and monitoring.

Over 150,000 people from all regions visited the consultation website (www.worldwewant2015.org/health). Over 100 papers were submitted by a wide range of organizations and authors, and 14 face-to-face meetings attracted over 1,600 people in places as far apart as La Paz, Dar es Salaam, Abuja, Amsterdam, New York, Beijing, and Bangkok. The papers and meeting reports are available on the consultation website.

Following a three-week public review of the first draft of this report, a high-level meeting was convened in Gaborone, Botswana in early March 2013 to discuss a revised draft.

This report is a summary of the findings from the full consultative process.

Build on MDG progress

The health sector has led the development success of the MDG era and created an unprecedented opportunity to achieve even more after 2015. The health MDGs have raised the profile of global health to the highest political level, mobilized civil society, increased development assistance for health, and contributed to considerable improvements in health outcomes in low- and middle-income countries.

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However, the MDGs do not fully address the broader concept of development enshrined in the Millennium Declaration, which includes human rights, equity, democracy, and governance. The MDGs have also contributed to fragmented approaches to development: between the different health MDGs; between the health MDGs and other MDGs, such as gender equality; and between the MDGs and priorities omitted from the MDG agenda.

Further progress in improving health and well-being can only be made by reducing inequities. This requires not only health system strengthening and financial protection but also political and social mobilization to overcome gender inequalities, all forms of discrimination, and human rights violations that impede the achievement of all the MDGs.

Health and development: inextricably linked

Health is central to sustainable development: health is a beneficiary of development, a contributor to development, and a key indicator of what people-centred, rights-based, inclusive, and equitable development seeks to achieve. Health is important as an end in itself and as an integral part of human well-being, which includes material, psychological, social, cultural, educational, work, environmental, political, and security dimensions. These dimensions of well-being are interrelated and interdependent.

The post-2015 agenda needs a rigorous framework that clearly articulates both how sustainable development differs from (and is preferable to) existing development models and how health and development are inextricably linked. Greater synergies between health and other sectors could be achieved by framing the goals in such a way that their attainment requires policy coherence and shared solutions across multiple sectors: that is, a whole-of-government or "health-in-all-policies" approach. Examples of effective intersectoral action should be shared and widely disseminated so that others can learn from these experiences.

Move with the times

The notion of good health is evolving, shifting towards creating and maintaining good health and well-being, rather than only preventing and treating disease. Health systems must adapt to higher expectations and new demographic, environmental, and health challenges. Of key importance are: addressing the social, cultural, environmental, economic, and political determinants of health; improving the health of disadvantaged and marginalized groups; and meeting the specific health needs of people at different stages of life.

New ways are emerging to improve health: new technologies, opportunities for connectivity, and models of citizen participation in decision-making. Transformative changes will be driven by 1.8 billion young people acting in their own right and living in a digitally interconnected world, with unprecedented access to information. The linkages and relationships between health and education, climate change and other environmental threats, financial and natural resource constraints, less poverty but greater inequities, population growth and rapidly ageing populations, unplanned urbanization, and new diseases will all affect progress on health and well-being.

Universal challenges, universal goals

Any future health goal must be universally relevant. Every country is home to families and individuals who lack the financial means, nutrition, medicine, or care to prevent, treat, and manage illness. However, no two countries are the same: targets and indicators must be adaptable to a country's health priorities and circumstances.

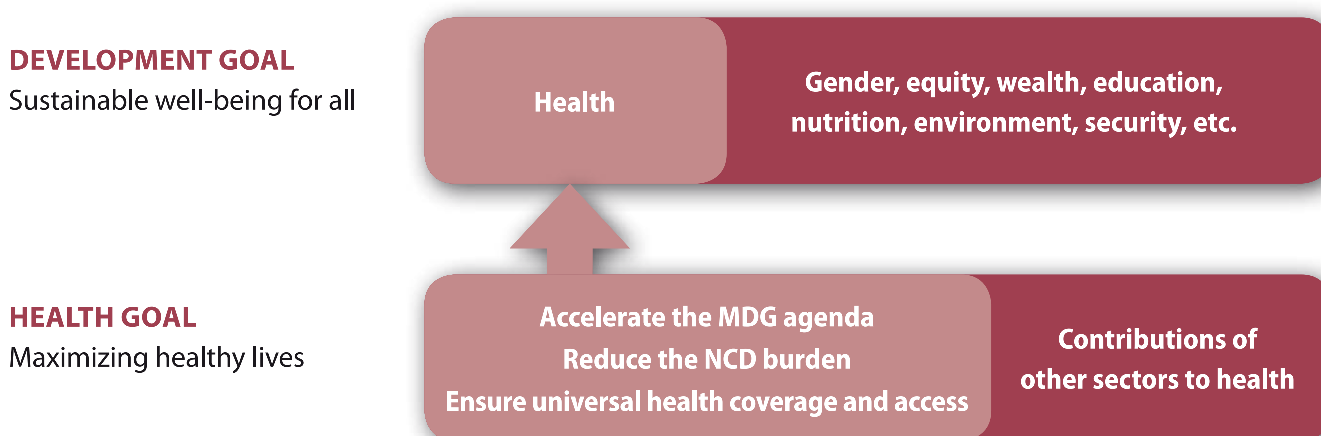
The guiding principles for the new development agenda should include human rights, equity, gender equality, accountability, and sustainability. The most disadvantaged, marginalized, stigmatized, and hard-to-reach populations in all countries should be prioritized. Equity can be made explicit in all the goals by disaggregating indicators and targets at all levels, and including targets for closing gaps.

The post-2015 health agenda should: 1) include specific health-related targets as part of other development sector goals; 2) take a holistic, life-course approach to people's health with an emphasis on health promotion and disease prevention; 3) accelerate progress where MDG targets have not been achieved and set more ambitious targets for the period to come; and 4) address the growing burden of NCDs, mental illness, and other emerging health challenges.

Sexual and reproductive health and rights (particularly universal access to contraceptives) must be addressed. Young people require special attention, including comprehensive sexuality education, as well as protection from sexual violence and abuse.

A post-2015 agenda focused on health and well-being

The figure below illustrates a possible framework for the post-2015 agenda.



Sustainable well-being for all could be an overarching goal for the wider post-2015 agenda. This goal should recognize health as a critical contributor to, and outcome of, sustainable development and human well-being. This would answer the growing calls to look beyond a country's gross domestic product when assessing healthy growth and sustainable development, and to address issues of equity. It also acknowledges that good health is determined, not only by preventing and treating disease, but also by many other aspects

of development, including education, gender equality, sustainable energy and nutrition, water and sanitation, and climate change adaptation and mitigation. Goals in these areas of the post-2015 agenda could include health-related targets to address the underlying determinants of health.

Maximizing healthy lives could be the specific health goal, in which the health sector would play a larger but far from exclusive role. Achieving better health at all stages of life (including crucial phases such as adolescence) is a goal that is relevant for every country. Interventions from all sectors of society will be required.

Efforts to **accelerate progress on the health MDG agenda** should build on national and global efforts that have already resulted in significant progress in reducing child and maternal deaths and controlling HIV, tuberculosis, malaria, and neglected tropical diseases. Rather than pulling back from these goals the new agenda should be even more ambitious, and reaffirm the targets of ongoing initiatives such as: ending preventable maternal and child deaths; eliminating chronic malnutrition and malaria; providing universal access to sexual and reproductive health services, including family planning; increasing immunization coverage; and realizing the vision of an AIDS- and tuberculosis-free generation.

Reducing the burden of major NCDs should be achieved by focusing on cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes (the four NCDs causing the most deaths), and mental illness. Some targets could be based on the World Health Assembly resolution of a 25% reduction of deaths due to these four NCDs by 2025. Other targets could be aimed at reducing morbidity and disability from NCDs (including mental illness) at all ages, and reducing the prevalence of related risk factors.

Universal health coverage and access is suggested as the key contribution by the health sector to achieving health goals and targets and to improving population health more broadly. It is also a desirable goal in its own right because people value the assurance of access to a health system that prevents and treats illness effectively and affordably within their homes and their communities, with referral to clinics and hospitals when required. Universal health coverage and access should include the whole continuum of care (promotion of health, prevention of ill health, treatment, rehabilitation, and palliation) through all stages of life. Promotion and prevention are key to the long-term sustainability of health services, especially in countries with rapidly ageing populations. Financial risk protection for everyone is necessary in order to prevent people from being driven into poverty or incurring catastrophic expenses due to the cost of health services.

Not just what, but how

Accountability must be an integral part of the new development framework. Emerging governance models provide opportunities for far greater citizen participation, ownership, and influence, as well as intersectoral action. The participation of communities, young people, and civil society is vital both for strong policy development and implementation and for holding all stakeholders accountable for progress. Building the governance required to orchestrate a coherent response across government and society that results in better health outcomes ("health in all policies") remains one of the greatest challenges in global health.

Effective national health systems as well as enhanced management competence and capacity are key strategic dimensions. The new health agenda should seek to ensure improved quality and equity in the delivery of health services, regardless of the sector of the service provider. Strengthening national health information systems, civil registration, and vital statistics, down to the district level and below, is a prerequisite for measuring and improving equity.

Long-term, predicable, and sustainable financing for health and development (from domestic as well as international resources) will be required to achieve the post-2015 development goals. The new framework should foster political opportunities for new innovative financing mechanisms, such as a financial transactions tax.

The global health architecture should evolve in order to better respond to countries' needs and priorities.

A strong emphasis should be placed on the importance of learning and sharing experiences of best practices.

The Task Team (the Governments of Botswana and Sweden, UNICEF, and WHO) and the supporting UN agencies of the Global Thematic Consultation on Health express their sincere appreciation for the considered efforts of all who have contributed to this process so far, and look forward to their continued engagement to ensure that the right goals and indicators for health are included in the post-2015 agenda, through all processes leading up to the UN General Assembly special session in September 2013, and beyond.

1. Introduction

The debate on the post-2015 development agenda begins

As the 2015 target date for achieving the Millennium Development Goals (MDGs) approaches, engaged debate continues on the content and form of the post-2015 development agenda and accountability framework. In January 2012 the United Nations (UN) Secretary-General established the UN System Task Team on the Post-2015 UN Development Agenda, co-chaired by the Department of Economic and Social Affairs and UNDP, to coordinate system-wide preparations for a new development framework in consultation with all stakeholders. Its first report, *Realizing the Future We Want for All*, was delivered to the Secretary-General in June 2012 and disseminated widely in preparation for the Rio+20 Conference on Sustainable Development. The report provides the main findings and recommendations based on the expertise of senior experts designated by the principals of over 50 UN system entities and other international organizations. A "think piece" on health in the post-2015 development agenda, prepared by WHO, UNICEF, UNFPA, and UNAIDS, was used as an input.

In July 2012 the UN Secretary-General convened the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda to advise on the global development framework beyond 2015. The Panel is co-chaired by President Susilo Bambang Yudhoyono of Indonesia, President Ellen Johnson Sirleaf of Liberia, and Prime Minister David Cameron of the United Kingdom, and it includes leaders from civil society, the private sector, and governments. *Realizing the Future We Want for All* is being used to help frame the work of the Panel, which will submit its report to the UN Secretary-General in the second quarter of 2013.

A global conversation

in addition, the UN Development Group is leading efforts to catalyse a "global conversation" on the post-2015 agenda through national consultations in around 100 low- and middle-income countries, six regional consultations, and 11 global thematic consultations. The aim of these consultations is to bring together a broad range of stakeholders to review progress on the MDGs and to discuss the options for a post-2015 framework. The 11 thematic consultations deal with topics identified by the UN System Task Team as being particularly important to the discussions: inequalities, governance, health, environmental sustainability, population dynamics, water, growth and development, conflict and fragility, food security and nutrition, education, and energy.

For each thematic area, selected UN organizations are leading the preparation and planning of the consultations in partnership with one or two governments in order to ensure Member State leadership and involvement as well as overall steering.

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The health thematic consultation

The Task Team for the Global Thematic Consultation on Health was co-led by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), in collaboration with the Governments of Botswana and Sweden, supported by a small secretariat and a UN interagency group that included the Office of the United Nations High Commissioner for Human Rights (OHCHR), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Department of Economic and Social Affairs (UNDESA), the United Nations Development Programme (UNDP), and the United Nations Population Fund (UNFPA).

The objectives for the health thematic consultation were:

- to stimulate wide-ranging discussion at global, regional, and country levels on progress made and lessons learnt from the MDGs relating to health;
- to discuss and develop a shared understanding among Member States, UN agencies, civil society, and other stakeholders on the positioning of health in the post-2015 development framework; and
- to propose health goals and related targets and indicators for the post-2015 development agenda, as well as approaches for implementation, measurement, and monitoring.

About this report

In line with these objectives, the purpose of this report is to present a summary of the main themes and messages that emerged from the consultation and to make recommendations to inform the deliberations of the High-Level Panel of Eminent Persons and the UN Secretary-General's report to the General Assembly. The annex captures in more detail the depth and breadth of the analyses and proposals in the more than 100 papers and meeting reports that were submitted to the consultation.

Chapter 2 describes the consultation process, detailing the processes that were used to reach out to different constituencies. Chapters 3-5 explain why health should be at the centre of the post-2015 development agenda. Chapter 3 summarizes the inputs about the successes and shortcomings of the MDGs, many of which were unintended and only became apparent with the benefit of hindsight. Important lessons can be learned from this assessment. Chapter 4 describes the interdependent linkages between health and development. Chapter 5 considers some of the most significant changes that have happened (and in some cases continue to happen at an accelerated pace) since the MDGs were launched in 2000. Understanding how the world, global health, and priority health needs have changed and what changes are likely in the next 15 years is critical to defining the health agenda for the coming years in terms of both what needs to be done (the content) and how (the approach).

Chapter 6 presents the various options for guiding principles, health goals, and indicators that were put forward during the consultation. Chapter 7 focuses on implementation and the elements of the enabling environment that stood out strongly in the consultations: accurate information, independent accountability, good governance, resilient health systems, inclusive partnerships, innovation, and learning.

Chapter 8 includes the beginning of a narrative about how to frame health in the post-2015 agenda and possible options for health goals. The contributors to this consultation all agree that there need to be strong and visible health goals supported by measurable indicators, and there is remarkable convergence on the substantive areas of health that should be included. However, there are some different views on how best to organize the goals and on their exact wording, and the technical work on defining indicators and targets has yet to begin. Chapter 9 concludes by suggesting concrete actions that could be taken between now and 2015 by those advocating for health to feature prominently in the post-2015 development agenda.

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2. The consultation process

A number of mechanisms and processes were set up to facilitate an effective, participatory consultation. The Task Team was committed to making the consultation as open and transparent as possible and to encouraging inputs from a range of different stakeholders.

Five guiding questions were used throughout the consultation:

- what lessons have been learned from the health-related MDGs?
- what is the priority health agenda for the 15 years after 2015?
- how does health fit into the post-2015 development agenda?
- what are the best indicators and targets for health?
- how can it be ensured that the process and outcome are relevant to the key stakeholders?

All the written inputs used in the drafting of this report are available at www.worldwewant2015.org/health. This website, part of the online platform developed by the UN in collaboration with civil society, was launched in July 2012 to stimulate multi-stakeholder engagement in the post-2015 agenda. During the consultation period 4,000 people registered on the health website and there were more than 150,000 unique visitors, with more than a million page views during the period. Visitors to the site were from 215 countries and territories.

The written inputs came from three sources: background papers, papers submitted during the web-based consultation, and reports from the different stakeholder meetings and e-surveys.

An open invitation to participate

In October 2012 all constituencies and stakeholders were invited to submit existing or new material as background papers to inform the discussions and contribute to the content of this summary document. These papers, subject to review by the Task Team, were published on the website.

The second source of inputs was a web-based consultation from 1 October to 31 December 2012, which resulted in 107 papers being submitted by individuals, UN organizations, governments, research centres, civil society, and the private sector. Of these, 100 were considered directly relevant to the subject (that is, they responded to one or more of the five guiding questions) and thus uploaded to the consultation website.

Engaging Member States, civil society, and the private sector

A series of consultations focusing on different key stakeholder groups led to reports that were also published on the website. Member State briefings were held in 2012, in Geneva in September and in New York in November, and an informal Member State consultation was held in December at WHO headquarters in Geneva, with the participation of UNICEF and

other contributing UN agencies. During the 132nd session of the WHO Executive Board a presentation about the consultation was given, including preliminary results. The discussions converged on the issues highlighted in this report.

Six civil society consultations took place in December 2012 and February 2013, selected by the Task Team from 106 responses to a call for proposals. Action for Global Health held a side event at the GAVI Alliance Partners' Forum in Dar es Salaam, and the Alliance of Southern Civil Societies in Global Health hosted an online survey with civil society organizations in Africa and other regions. The STOP AIDS Alliance, International Civil Society Support, and the International Council of AIDS Service Organizations hosted an online survey, a series of webinars, and a meeting in Amsterdam for HIV, tuberculosis, and malaria advocates. The People's Health Movement hosted a side meeting during the Prince Mahidol Award conference in Bangkok; and the ASTRA Central and Eastern European Women's Network for Sexual and Reproductive Rights and Health held a consultation in Moscow. Finally, a moderated e-discussion on HIV, health, and development was held between 21 January and 3 February 2013, generating more than 200 contributions and more than 5,000 page views in just two weeks.

Other face-to-face consultations included: a day session on health in the post-2015 agenda at the International Conference on Population and Development Beyond 2014 Global Youth Forum in Bali, with more than 600 participants; a private sector consultation in Amsterdam hosted by GBCHealth; a cross-sectoral consultation on health, food security, and population in the post-2015 development agenda in Washington hosted by the Aspen Institute, involving representatives from the private sector; and a series of events at the Second Global Symposium on Health Systems Research in Beijing, including a plenary session and two lunchtime sessions.

Building around common themes

To ensure that the many inputs from the consultation process were well represented in this report, the Task Team built up the content through a three-step process.

- The first step was to meet with representatives from the key stakeholder groups in Geneva on 17 January 2013 to consider the inputs and discuss the report's structure and content.
- The next step was to post the first draft on the website for comments and feedback. This review ran from 1 to 19 February 2013 during which time 50 comments were posted on the website and 62 were sent to the secretariat by email.
- The third and final step was to discuss the revised draft (which was uploaded to the consultation website on 1 March 2013) at a high-level meeting in Botswana on 5-6 March. The meeting was hosted by the Government of Botswana; the 50 participants included ministers of health, members of the High-Level Panel of Eminent Persons, leaders of international health institutions, representatives from civil society and the private sector, academics, public health experts, and young people.

Just the beginning

After the meeting the report was finalized, submitted to the High-Level Panel and UN Secretary-General, and published on the website, marking the end of this stage of the global

thematic consultation on health. However, as described in Chapter 9, this report is just the beginning of the work required to secure health's place in the post-2015 development agenda.

The Task Team recognizes that health has featured prominently in several if not all of the other ten thematic consultations (because all have profound effects on health and well-being, and vice versa) and in the six regional and 100 country consultations. This report includes some discussion of the cross-cutting nature of many of the world's most pressing health challenges and the urgent need for effective multisectoral responses, but these ideas will need to be further developed when the reports from all the consultations have been published.

3. Lessons from the health MDGs

➜ KEY MESSAGES

The health sector has led the development success of the MDG era and created an unprecedented opportunity to achieve even more after 2015.

The health MDGs have raised the profile of global health to the highest political level, mobilized civil society, increased development assistance for health, and contributed to considerable improvements in health outcomes in low- and middle-income countries.

However, the MDGs do not fully address the broader concept of development enshrined in the Millennium Declaration, which includes human rights, equity, democracy, and governance.

The MDGs have also contributed to fragmented approaches to development: between the different health MDGs; between the health MDGs and other MDGs, such as gender equality; and between the MDGs and priorities omitted from the MDG agenda.

Further progress in improving health and well-being can only be made by reducing inequities. This requires not only health system strengthening and financial protection but also political and social mobilization to overcome gender inequalities, all forms of discrimination, and human rights violations that impede the achievement of all the MDGs.

Health and the MDGs

The United Nations Millennium Declaration, signed by all 191 UN Member States in September 2000, commits world leaders to combating poverty, hunger, disease, illiteracy, environmental degradation, and discrimination against women. The eight MDGs provide for the focused implementation of this Declaration, and all have specific targets to achieve by 2015. Three of the eight MDGs are health goals, and targets under several other goals address some of the more significant determinants of health (see **Table 1**).

While some countries have made impressive gains in achieving health-related targets, others are falling behind. Often the countries making the least progress are those affected by high levels of HIV/AIDS, economic hardship, or conflict. The late inclusion in the MDG agenda of target 5b (universal access to reproductive health) in 2007 delayed the implementation of interventions that have direct relevance to maternal and child mortality, as well as to gender equality. **Box 1** summarizes progress to date.

In addition to monitoring progress towards achieving the specific MDG targets by 2015, various reports, academic journals, and other fora have devoted considerable attention to analysing the MDGs' strengths and shortcomings for health and development more broadly. What have they achieved and why? What were the unintended consequences? What could have been done differently to have made the MDGs even more successful? What lessons can be learned about designing goals to have maximum impact on improving health and well-being? Many of the inputs to this consultation offer answers to these questions, often

Table 1. Health and the MDGs: goals and targets

MDG 1: eradicate extreme poverty and hunger **Target 1C.** Halve, between 1990 and 2015, the proportion of people who suffer from hunger
MDG 2: Achieve universal primary education
MDG 3: Promote gender equality and empower women
MDG 4: Reduce child mortality **Target 4A.** Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate
MDG 5: Improve maternal health **Target 5A.** Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio **Target 5B.** Achieve, by 2015, universal access to reproductive health
MDG 6: Combat HIV/AIDS, malaria, and other diseases **Target 6A.** Have halted, by 2015, and begun to reverse the spread of HIV/AIDS **Target 6B.** Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it **Target 6C.** Have halted, by 2015, and begun to reverse the incidence of malaria and other major diseases
MDG 7: Ensure environmental sustainability **Target 7C.** Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation
MDG 8: Develop a global partnership for development **Target 8E.** In cooperation with pharmaceutical companies, provide access to affordable essential medicines in developing countries

reiterating points widely expressed in the published literature. There is broad agreement around some of the strengths, together with several widely shared concerns. Some aspects of the MDGs appear to be open to different interpretations: what some commentators view as strengths are seen by others as shortcomings. Some of the more common themes are highlighted below.

Strengths and achievements

There is broad agreement that the fact that three of the eight goals relate directly to improving health outcomes has raised the profile of global health to the highest political level, increased development assistance for health, and improved health outcomes in low- and middle-income countries. Key successes include dramatic reductions in child mortality, expanded access to antiretroviral drugs, the significant impact of vaccine programmes, and controlling (and in some countries eliminating) malaria.

The overall perception from the contributions is that the MDGs have been: 1) instrumental to global and national development policies; 2) a major contributor to the global acceptance today of the centrality of health to human development; 3) important in setting an agenda for health; and 4) a catalyst in focusing attention on the need for results, resources, and greater accountability.

Box 1. Progress on the health-related MDGs

MDG 1: In low- and middle-income countries, the percentage of underweight children under five years of age dropped from 28% in 1990 to 17% in 2011. The MDG 1C target may be met, but improvements have been unevenly distributed between and within different regions and countries.

MDG 4: Globally, the number of deaths of children under five years of age fell from 12 million in 1990 to 6.9 million in 2011. The global rate of decline has accelerated in recent years: from 1.8% per annum during 1990-2000 to 3.2% during 2000-2011. Despite this improvement, the world is unlikely to achieve the MDG 4A target by 2015.

MDG 5: While the proportion of births attended by a skilled health worker has increased globally, fewer than 50% of births are attended to in the WHO African Region. Despite a significant reduction in the number of maternal deaths — from an estimated 543,000 in 1990 to 287,000 in 2010 — the rate of decline is just over half that needed to achieve the MDG 5A target by 2015. In 2008, 63% of women aged 15–49 years who were married or in a consensual union were using some form of contraception, while 11% wanted to stop or postpone childbearing but were not using contraception.

MDG 6: Globally, new **HIV** infections declined by 24% between 2001 and 2011. In 2011 an estimated 2.5 million people were newly infected with HIV, of whom 70% live in sub-Saharan Africa. More people are living with HIV: an estimated 34 million people in 2011. A little over 8 million people in low- and middle-income countries received antiretroviral therapy in 2011, but there is still a long way to go to achieve universal access. **Malaria** mortality rates have decreased by more than 25% globally and by more than 33% in the WHO African Region over the past decade. Fifty countries are on track to reduce malaria case incidence by more than 75% by 2015; however, these countries represent only 3% of the global estimated cases. It has been estimated that more than one million lives have been saved in the past decade, 58% in the top ten highest burden countries. Use of insecticide-treated nets and indoor residual spraying has greatly increased, and will need to be sustained in order to prevent the resurgence of disease and deaths caused by malaria. There were an estimated 8.7 million new cases of **tuberculosis** (TB) in 2011, of which about 13% involved people with HIV. Globally mortality due to TB has fallen 41% since 1990 and is forecast to reach 50% by 2015, except in Africa and Europe. Treatment success rates have been sustained at high levels, at or above the target of 85%, for the past four years. However, the incidence is falling very slowly, and the trend may be reversed due to the spread of multidrug-resistant and extensively drug-resistant TB strains. The "**neglected tropical diseases**" are a group of 17 diseases that affect more than one billion people worldwide in the poorest, most marginalized communities, causing severe pain, permanent disability, and death. Control, elimination, and even eradication of these diseases are feasible. Dracunculiasis, for example, with fewer than 1,058 cases reported in 2011, is on the verge of eradication without the use of any medication or vaccine.

MDG 7: Globally the water target has been met, but this masks inequalities between and within countries: 31 of the 50 sub-Saharan African countries are still off track. Moreover, several countries extract river water and pump it untreated to taps in the home. Such water supply is improved, but not safe. Sanitation remains severely off track: 70% of the population of sub-Saharan Africa lacks access to improved sanitation; 41% of the population of South Asia still practises open defecation. This has significant consequences for health and for the achievement of the health MDGs. The continued high burden of diarrhoeal diseases and the increase in outbreaks of cholera demonstrate the importance of the links between water, sanitation, and hygiene (WASH) and health.

MDG 8: Progress on most of the targets is not on track, including 8E. Effective treatments exist for the majority of conditions causing the global chronic disease burden, yet universal access remains out of reach. Many low-income countries still have a scarcity of medicines in the public sector, forcing people into the private sector where prices can be substantially higher. Prices of generics in the private sector averaged five times international reference prices, ranging up to about 14 times higher in some countries. Even the lowest-priced generics can put common treatments beyond the reach of the poor.

Source: WHO

Since 2000 there has been significant progress on the MDG health indicators. Although the extent to which these health improvements are a direct result of the MDGs is debateable (no one can say what would have happened without the MDGs) the response to the MDGs has shown that progress can be achieved on an ambitious agenda.

Several of the contributions point out that the MDGs brought increased resources, attention, and action for women's and children's health, HIV/AIDS, malaria, and TB, resulting in demonstrable progress in these areas. By contrast, the health-related targets associated with other MDGs (such as nutrition, water, sanitation and hygiene, and access to essential medicines) have not been anywhere near as successful in galvanizing popular and political support. In part this is due to the challenge of mobilizing and unifying constituencies around issues that require both intersectoral action and attention to the underlying determinants of health.

One of the most frequently recognized strengths of the health MDGs is that that they are easy to understand and communicate. They express a clear vision, well-defined goals, concise objectives, and measureable targets for improving specific health outcomes. These attributes are widely regarded as the reasons why they have: been embraced by heads of state and policymakers; engaged civil society and research communities; stimulated monitoring and evaluation; and catalysed new institutions and new global technical and development partners.

Another important achievement noted during the consultation is that the MDGs have led to a much more balanced and long-term approach to global health and development. The MDGs have been used both politically and technically at national and global levels, bringing greater policy consistency and exerting pressure for greater action from national governments and development partners.

Room for improvement

One concern frequently raised in the inputs is that the MDGs do not capture the broader dynamic of development enshrined in the Millennium Declaration, including human rights, equity, democracy, and governance.

The lack of attention to equity is widely regarded as one of the most significant shortcomings of the health MDGs. Although equity is an important part of the Millennium Declaration, it is not a central feature in monitoring the MDGs. Because the goals focus on aggregate national targets, they fail to measure and thus disregard outcomes for disadvantaged and marginalized groups. The focus on improving national averages encourages utilitarian rather than universal approaches, often exacerbating inequities even when progress is made in absolute average levels of indicators.

Several inputs are critical of the process that led to the MDGs: the selection of the MDGs emerged from a technocratic closed-door process that was poorly specified, influenced by special interests, and lacked a coherent conceptual design or rigorous statistical parameters. Others maintain that, despite their imperfect genesis, the influence and impact of the MDGs have been impressive. Other related criticisms are that the MDGs did not have enough input from low- and middle-income countries, and that the intended beneficiaries of the MDGs — people and communities — had no opportunity for involvement in the development and implementation of MDG actions. For example, the MDG framework lacks any analysis and

> “application of the global targets at the national level resulted in all countries’ progress in health being measured against the same yardstick”

perspective from young people, even though they are disproportionately affected by many of the development issues addressed by the goals.

Another area of concern is the “vertical” nature of the goals. It is a widely shared view that this has created competing interests and encouraged sector-specific responses and accountability, rather than facilitating intersectoral cooperation and the “health in all policies” approach required to address the majority of health challenges, nationally, regionally, and globally. By not articulating the synergies between the individual goals, opportunities for coordination and efficiency were missed. Similarly, while the specificity of the MDGs is widely seen as a strength, the selection of a few goals for health also contributed to fragmentation within the health systems in some low- and middle-income countries.

The MDGs give limited attention to the needs of countries facing particular challenges. The application of the global targets at the national level resulted in all countries’ progress in health being measured against the same yardstick, whatever their actual patterns of disease and premature mortality. The national targets had no basis in a country’s starting conditions, raising the performance bar for the countries facing the most difficult challenges. These include the least-developed countries, and those affected by current or past conflict which have few institutions and services and in which the state is functioning poorly or not at all. Fragile states have failed to achieve the MDGs, and the MDGs will not be achieved globally until more progress is made in these countries.

Several inputs point out that at least some of the shortcomings in the initial design of the MDGs were subsequently tackled. The addition of a target on access to reproductive health services in 2007 was noted at the beginning of this chapter. Another example is that the MDGs did not address the need to build reliable country statistical systems to monitor the goals. The Paris21 initiative, established in 2000, works to build stronger national statistical systems; the Health Metrics Network, established in 2005, focused specifically on strengthening country health information systems; the Commission on Information and Accountability for Women’s and Children’s Health published its recommendations in 2011, followed by joint action with the 75 countries with the highest burden of maternal and child mortality.

Differing views on the same issue

The limited number of clear health goals in the MDGs is widely considered as a critical success factor; however, their omission of other major health challenges is commonly cited as a major weakness.

Some inputs argue that the exclusion of many health priorities from the MDGs, including noncommunicable diseases (NCDs), comprehensive sexual and reproductive health and rights, mental health, violence and injuries, has hindered both progress on the goals

> “ the response to the MDGs has shown that progress can be achieved on an ambitious agenda ”

themselves and equitable progress in overall health outcomes. Others point out that the underlying paradigm of the MDGs was the provision of development assistance to tackle pervasive problems associated with poverty. Inevitably, therefore, the MDGs focused on communicable diseases and maternal and child health, rather than the emerging challenges associated with the demographic and epidemiological transitions described in **Box 3** in Chapter 5.

Several contributions to the consultation affirmed the need for the post-2015 agenda to be relevant to all countries and settings. Several suggest that adolescents are an important subsector of all societies and would benefit from their own goal, with targets related to health, gender equality, nutrition, and education, among others. Other key population groups mentioned in the inputs include older people, people with disabilities, and migrants.

Some inputs argue that the focus on particular diseases and target groups has led to the neglect of overarching issues, such as the underlying determinants of health, health promotion and disease prevention, health system strengthening, and access to high-quality health care and financial protection. Others counter that the health MDGs have helped to focus attention on these issues because the goals cannot be reached without paying attention to them. For example, it is claimed that the response to HIV/AIDS has contributed towards broader system strengthening and capacity building that can be leveraged to tackle other, non-HIV, health areas. Country ownership, managing for and achieving results, and shared accountability and transparency in the response to HIV can readily translate to other health priorities, including NCDs.

Another cited dimension of the focus on specific health outcomes is that it overshadows the root causes of poor health and health inequity. Although the MDG agenda has a strong emphasis on poverty reduction, other structural issues that impact upon health have been sidelined. These include punitive legal environments, absence of social protection measures, inadequate investment in health, gender inequality, social injustice, stigmatization of and discrimination against marginalized groups, and unfavourable terms of trade and international debt. Others say this is not the fault of the health MDGs per se, but arises because the partnership goal of MDG 8, which is meant to address these issues, has vague targets and indicators.

This report contains several references to the need for special attention to the rights and inclusion of marginalized, disadvantaged, and stigmatized groups. These groups vary depending on the health issue but usually include people with disabilities, migrants, and ethnic minorities. In relation to HIV, the populations that are most vulnerable and most at risk are: men who have sex with men, sex workers, people who use drugs, transgender women, prisoners, and people with disabilities. Where HIV is largely heterosexually transmitted and where gender disparities and inequality are predominant societal factors, young women and girls are also vulnerable populations, particularly in situations of poverty.

In summary, there is a broad consensus about some of the strengths and shortcomings of the health MDGs, as well as some diverging views. Going forward, areas of convergence include the need for more action to build national health information systems, strengthen national and global accountability mechanisms, adopt a more inclusive, participatory approach to development, address equity and other contextual issues, and emphasize the synergies between the goals. The post-2015 agenda process should systematically identify and assess these and other critical gaps in the MDGs and make practical evidence-based recommendations on how they should be addressed. A related objective of the next development agenda should be to stimulate investment in systematic data collection aimed at generating strong and clear evidence on the underlying reasons for progress (or lack of progress) made towards attaining the new goals and targets.

4. How health is linked to development

➜ KEY MESSAGES

Health is central to sustainable development: health is a beneficiary of development, a contributor to development, and a key indicator of what people-centred, rights-based, inclusive, and equitable development seeks to achieve.

Health is important as an end in itself and as an integral part of human well-being, which includes material, psychological, social, cultural, educational, work, environmental, political, and security dimensions. These dimensions of well-being are interrelated and interdependent.

The post-2015 agenda needs a rigorous framework that clearly articulates both how sustainable development differs from existing development models and how health and development are inextricably linked.

The new development agenda should promote greater synergies between health and other sectors by framing the goals in such a way that their attainment requires policy coherence and shared solutions across multiple sectors: that is, a whole-of-government or "health-in-all-policies" approach.

Examples of effective intersectoral action should be shared and widely disseminated so that others can learn from these experiences.

Health is part of all the MDGs

The MDGs recognize that health is central to development and to improving human development outcomes. The MDGs are interdependent: they all influence health, and health in turn influences and contributes to all the MDGs. For example:

- better health (MDGs 4-6) enables children to learn (MDGs 2-3);
- gender equality (MDG 3) is essential to the achievement of better health (MDGs 4-6);
- reducing poverty and hunger (MDG 1) and environmental degradation (MDG 7) positively influences, but also depends on, better health (MDG 4-6);
- HIV/AIDS, malaria, TB, and neglected tropical diseases (MDG 6) impact on MDGs 1-7, and vice versa;
- MDGs 3-6 are directly dependent, and MDGs 1, 2, 7, and 8 indirectly dependent, on the sexual and reproductive health and rights of women and girls; and
- primary education (MDG 2) and even more so secondary education have a strong impact on young people (especially girls) in terms of development (economically, due to later marriage, fewer children, earning potential, etc.) and in lowering under-5 mortality (MDGs 4 and 5).

While all the above points may seem obvious, a strong message emerging from many inputs to this consultation is that the linkages between health and development should be made

much clearer and more visible in the post-2015 development agenda than they are in the MDGs. Several contributions call for the new agenda to clearly articulate and support the synergies between health and other sectors, arguing that greater policy coherence and shared solutions are necessary to drive people-centred, inclusive, and sustainable development.

The majority of inputs call for a different approach to development, one that is far broader than economic development and universally relevant. This chapter summarizes these views.

Health is central to sustainable development

In its report *Realizing the Future We Want for All* the UN System Task Team defines four dimensions of development: inclusive human development, environmental sustainability, inclusive economic development, and peace and human security. Its vision for the future rests on the core values of human rights, equality, and sustainability. Some inputs elaborate on the links between health and these dimensions and core values of development.

Other inputs describe the links between health and development by reference to the three dimensions of sustainable development set out in the 2012 UN Conference on Sustainable Development (Rio+20) outcome document: economic development, environmental sustainability, and inclusive social development. This document notes that: "Health is a precondition for, an outcome of, and an indicator of all three dimensions of sustainable development" and that sustainable development "can only be achieved in the absence of a high prevalence of debilitating communicable and non-communicable diseases". This approach to development was reinforced in a United Nations General Assembly resolution on Global Health and Foreign Policy in December 2012.

Many inputs focus on "determinants of health", whether referred to as "social determinants", "social, cultural, environmental, economic, and/or political determinants", or "underlying determinants". Determinants of health are broad. For example, the UN Economic and Social Council (ECOSOC) general comment No 14 includes under that heading food and nutrition, housing, access to safe and potable water and adequate sanitation, safe and healthy working conditions, and a healthy environment. The definition by the WHO Commission on Social Determinants of Health explicitly includes power relations, poverty, discrimination, etc. Other inputs build the narrative around a human rights-based approach to health.

Although the framing differs across the inputs the key message is the same: health is a function of the conditions in which people are born, grow, live, work, and age. Most aspects of development encompass the same underlying factors that determine population health. Health is a beneficiary of development, a contributor to development, and a key indicator of what people-centred, rights-based, and equitable development seeks to achieve.

Health as a beneficiary of and a contributor to development

Health is important both as an end in itself and as an integral part of human well-being. Human well-being is a central goal of development that requires a holistic approach combining material, physical (health), psychological, social, educational, work, environmental, political,

> " health is both a driver and a beneficiary of economic growth and development "

and security dimensions. These dimensions of well-being are interrelated and interdependent. Elements of material well-being link to economic development at the macro level and to environmental development. Economic development improves population health and well-being as long as the fruits of economic development are distributed in ways that contribute to improving the well-being of everyone in society.

Poverty and ill health

Ill health is both a consequence and a cause of poverty. Every year 100 million people are either pushed into poverty by health-related costs, including out-of-pocket expenses for health care, or unable to afford essential health services so that pre-existing sickness is aggravated. People's ability to work and/or study is determined by their health. Ill health limits productivity and school attendance, thereby preventing many poor people from escaping poverty. Moreover, structural (and poverty-related) disadvantages fuel the spread and hinder the prevention of diseases. For example, the need to generate income may be met through activities that put the individual's health at risk. Countless people, particularly those with social disadvantages and marginalized and vulnerable populations, face insurmountable economic, environmental, and social barriers to healthy living on a daily basis.

Good health: a driver of economic growth

It is widely acknowledged, including during this consultation, that health is both a driver and a beneficiary of economic growth and development. It has long been known that people in the higher income quintiles are more likely to enjoy good health and have longer life expectancies. However, a growing body of evidence shows the inverse causal link between health outcomes, better nutrition, and long-term economic development: healthier means wealthier. Good health affects a country's economic output through improved labour productivity, enhanced education, increased savings and investment, and a demographic transition. The following points elaborate further.

- A healthier workforce is more productive and more resilient because workers tend to have more energy and better mental health, and there is less absenteeism.
- Better education is directly linked to income growth; health and nutrition affect education by enhancing children's physical ability to attend school and by increasing children's cognitive ability to acquire knowledge.
- Healthy populations live longer and therefore have increased incentives to save for their future financial needs. An increase in national savings leads to a larger supply of capital, leading to further domestic investment, additional physical and human capital, and technological progress, all of which are classic drivers of economic growth. In addition, a country with a healthy workforce is likely to attract more foreign direct investment.

> 65% of the world's population live in a country where overweight and obesity kill more people than underweight

- Better health also triggers a cascade of demographic changes that can boost economic growth, often described as a "demographic dividend". This is characterized by falling dependency ratios (fewer children and older people) and a growing proportion of the population who are of productive working age. Combined with effective public policies, this demographic dividend can help facilitate more rapid economic growth.

Health affects national economic output because people who are ill are likely to be less productive at work, to lose their job, or to retire prematurely, thereby decreasing household earnings and increasing the risk of poverty. Foregone national income due to ill health is considerable. For example, the projected cumulative global loss of economic output due to NCDs for 2011-2030 is estimated at US$ 47 trillion, with around $21.3 trillion (46%) in low- and middle-income countries. Few, if any, countries have the fiscal strength to meet the future health, economic, and social burden that NCDs will impose, which raises concerns of economic stability, arrested development, and government fragility. This has implications for global security as well as foreign policy. In addition, NCDs are increasingly affecting people in their prime working years: almost half of all deaths caused by NCDs in low- and middle-income countries occur in people aged under 60.

Multiple benefits

As some of the inputs note, health can be an effective way of measuring progress across the economic, social, and environmental dimensions of sustainable development. For example, measuring the impact of sustainable development on health can generate public and political interest in a way that builds popular support for policies that have more diffuse or deferred outcomes (such as reducing CO2 emissions). The post-2015 agenda, however, needs a rigorous framework that clearly articulates how sustainable development differs from existing development models, particularly in its focus on intergenerational equity and its consideration of how resources may sometimes be better left undeveloped for future use and sustaining the environment, instead of prioritizing immediate development benefits. Before the contribution of health to sustainable development can be fully delineated, the health community needs to have a much clearer understanding of this concept.

There are numerous examples of the cross-cutting impact of policies in development sectors such as water, food and nutrition security, and education that have major impacts on efforts to improve health. For example, the long-term elimination of neglected tropical diseases and eradication goals cannot be reached without addressing primary risk factors such as access to clean water and basic sanitation, improved living conditions, vector control, health education, and stronger health systems.

The links between health and the ten other post-2015 UN development themes

Several inputs to this consultation highlight the fact that health is relevant to most if not all aspects of the post-2015 development agenda. This section provides examples of how health is linked to the other 10 post-2015 thematic consultations (which can also be accessed in full at www.worldwewant2015.org).

Population

Population dynamics both affect and are driven by health outcomes. Population size and mobility, including rapid urbanization and migration fuelled by poverty, unemployment, and displacement, can outpace investments in health services and other basic amenities for the population, thus undermining economic prosperity and poverty reduction. On the other hand, migration also brings benefits to population health in receiving countries through increased economic productivity, the tendency for migrants to be of working age and in relatively good health (the "healthy immigrant effect"), and the fact that migrants often constitute significant proportions of the workforce delivering health services. Rapid changes in population structure, with increasingly ageing populations in some countries and a youth bulge in Africa, alter the nature of the health coverage that needs to be provided. Family size is a key component of population policy-making. Providing women with contraceptive choices is therefore crucial. Population policies also need to mainstream gender considerations to ensure that responses to phenomena such as migration and urbanization take into account the specific needs of women and children. Furthermore, policies concerning population dynamics need to be formulated in a way that not only addresses people's needs, but also proactively protects and respects human rights and women's choice (according to the International Conference on Population and Development [ICPD] Programme of Action).

Education

Education is a key determinant of health, with a critical role in improving health. Early childhood development is a critical enabler of health, with early childhood experiences having a long-lasting impact on the mental and physical health of individuals. Health has an important role in cognitive development in the pre-school years, from birth to age 5. Improving access to nutrition and health care for children from lower socioeconomic strata improves their school attendance, and their scholastic performance. Education of girls and women is a crucial building block for improving women's and children's health. Equally, women who are empowered through education and good health generally choose to have fewer children and are able to invest more in the health and education of their children, thereby creating a positive cycle for growth and development. Schools can also encourage the early adoption of healthy behaviours, including abstaining from tobacco use, increasing physical activity, avoiding alcohol, and encouraging healthy dietary habits. Sexuality education has a beneficial impact on sexual and reproductive health.

Food and nutrition security

Low birth weight and early childhood malnutrition have long-term, irreversible effects on brain development, adult health, and productivity, which in turn can create a cycle of

intergenerational poverty and ill health. Chronic nutrition-related anaemia during pregnancy substantially raises the risk of death by postpartum haemorrhage. Food availability and food access are major problems, especially in low- and middle-income countries. Climate change and other global environmental factors could further exacerbate food and nutritional insecurity. A sanitary environment, access to safe water and to health services and care, and adequate food storage and preparation are all important aspects of food and nutrition security. The double burden of undernutrition and overweight/obesity constitutes a major challenge to development. For the first time, more people are now overweight than underweight. Around 2 billion of the 7 billion global population are overweight, and less than one billion are undernourished; 65% of the world's population live in countries where overweight and obesity kill more people than underweight. Yet at the same time, 180 million children under 5 suffer from stunting, significantly compromising their health and life potential. The prevalence of stunting in low- and middle-income countries has only decreased from 40% of children in 1990 to 29% in 2008. Action should be directed at ensuring universal access to "sustainable diets": diets with low environmental impacts which contribute to food and nutrition security and to healthy life for present and future generations.

Environmental sustainability

Approximately one quarter of all death and disability worldwide is due to environmental factors. Health risks often stem from unsustainable environmental systems and practices, such as unplanned and rapid urbanization, which can result in sedentary lifestyles and increased air pollution, and industrialized agriculture and food systems that contribute to greenhouse gas emissions and increase the availability of processed foods that are high in fats, sugar, and salt. Climate change and environmental degradation are increasing the risk of extreme weather events, compromising food and water security, and affecting both communicable and noncommunicable diseases. Related effects of unsustainable development, notably outdoor and indoor air pollution, are now major causes of global ill health. The greatest burdens fall on the poorest populations, women, and children. Chronic health hazards are posed by increased release of xenobiotics, pharmaceutical residues, and agro-chemicals into the environment. The current levels of environmental pollution of air, water, and soil pose serious short-term and chronic health risks for large portions of society. The sustainability of oceans and marine life is also critical to human health: over 80% of the world fish production is used for human consumption (2009) providing 4.2 billion people with more than 15% of their average per capita intake of animal protein.

Water

Water is essential for life. Almost one tenth of the global disease burden could be prevented by: increasing access to safe drinking water; improving sanitation and hygiene; and improving water management to reduce risks of water-borne infectious diseases. Access to safer water could prevent more than 3 million deaths per year (mostly from diarrhoeal diseases, malnutrition, and malaria), and protect 5 million people from being seriously incapacitated by lymphatic filariasis and another 5 million by trachoma. Efforts to improve water, sanitation, and hygiene interact with each other to boost overall health. Access to sanitation, such as simple latrines in communities, prevents drinking water contamination from human waste and reduces infections. Frequent hand-washing with soap and safe storage of drinking water

“improving women’s health increases opportunities and promotes empowerment for women and girls”

are high-impact public health practices. Investment to improve drinking water, sanitation, hygiene, and water resource management systems makes strong economic sense: every dollar invested leads to up to eight dollars in benefits. In addition to the value of saved human lives, other benefits include higher economic productivity, more education, and health-care savings.

Energy

Access to clean energy in homes is crucial for reducing child and maternal mortality. Nearly half of deaths globally from pneumonia among children under 5, and about one third of deaths from chronic obstructive pulmonary disease, are due to smoke from solid fuels used for cooking and heating in the home. Lack of access to clean reliable energy in health-care facilities is a hidden barrier to universal health coverage. In some sub-Saharan African countries over 50% of health-care facilities lack any access to electricity, which limits critical care and emergency response at night, storage of vaccines and blood, waste management, and water access. Energy-efficient transport systems can prevent millions of deaths from traffic injuries and air pollution, while renewable sources of electricity have a major role in reducing air pollution and heavy metal exposure from coal-fired power plants.

Disasters, conflict, and fragility

Health has implications for global security as well as foreign policy. Countries with the poorest progress on the MDGs are those affected by conflict and instability. The populations of fragile and conflict-affected countries are significantly worse off, in terms of many key health outcomes and determinants of health, than their counterparts living in other countries at comparable stages of development. Health interventions in fragile and conflict-affected areas are very often limited to humanitarian relief, which does not advance health system development or lead to progress on the determinants of health. Also, information is rarely available on the nature and extent of health inequities. There is an urgent need to address weaknesses in policy, leadership, management capacity, human resources for health, supplies, service delivery, and data collection and evaluation.

Disasters from all causes (including natural and technological hazards, epidemics, and conflicts) impact on communities, and often have significant direct and indirect effects on morbidity, mortality, and disability, on investment in health infrastructure, and on health services: hard-earned progress in health development may be set back by many years. More action is needed on strengthening health emergency and disaster risk management. Health institutions aligned with multi-stakeholder and multisectoral mechanisms at the national, subnational, and community levels are required to strengthen the resilience of health systems and improve health outcomes for people at risk of emergencies. Indicators that reflect the health system capacity to manage the health risks of disasters, as well as the overall availability of health services and health coverage before, during, and after emergencies, can help provide a more robust approach to strengthening health systems and to disaster risk

> “Gender equality therefore helps to accelerate the achievement of each health-related MDG”

management overall. In contexts where disasters and conflicts interface, there is a need to look at ways in which building disaster resilience could reduce conflict risk and vice versa.

Economic growth and employment

People work because, if the employment and working conditions are decent, this gives them economic and material security, a place in society, social relationships, and fulfilling lives, all of which contribute to better health. Healthy individuals are more productive, earn more, save more, invest more, and work longer. For economic growth and employment to be sustainable, it must also be equitable. The conditions under which people work have a direct impact on their health. Inequalities derived from employment and working conditions are closely linked with increased health inequities in injuries, and resulting disability, chronic diseases, ill health, and mortality. Fair employment relations and decent work, including reasonable employment and working conditions and reasonable wages contributing to income security, are key determinants of workers' health. There is a need to look beyond the individual and assess how diseases affect larger groups of people. There are strong linkages between health and poverty eradication, particularly at the household level. For example, health-care costs are a financial risk for poor households. Out-of-pocket payments for health care (and for causes of chronic diseases such as tobacco and alcohol use) can trap poor households in cycles of catastrophic expenditure, impoverishment, and illness. This diminishes household earnings and hinders a family's ability to provide for and educate children. There is also a need to look beyond fair employment relations and decent work policies at the national level, and take into consideration international taxation and trade regimes and governments trying to attract overseas investments by lowering taxes and deregulation, thereby eroding public sector budgets globally.

Inequalities

Inequitable health outcomes are both a result of financial and social inequality and a contributor to inequity, since the poor cannot protect themselves against catastrophic health risks. Migrants, and people living with disabilities or illnesses such as mental illness and infectious diseases such as HIV/AIDS, are often subjected to stigmatization, gross violations of human rights, and inhuman treatment. These groups are among the most frequently discriminated against when it comes to accessing general health care. Children living in poverty, particularly in sub-Saharan Africa, are often the most disadvantaged and marginalized and do not have a voice. Gender equity is also an important issue: improving women's health increases opportunities and promotes empowerment for women and girls. Discrimination against women and girls, including gender-based violence, economic discrimination, reproductive health inequities, and harmful traditional practices, remains one of the most pervasive forms of inequalities and one of the most important underlying causes of poor health outcomes for women and children.

Governance

Good governance for health can be supported by needs-based and evidence-driven universal resource redistribution. According to WHO estimates, as much as 20-40% of health expenditures are wasted, often through inefficiencies; any governance agenda must therefore address the issue of value for money in health spending. Improvements in health data are crucial for better policy-making and increased accountability for resources and results. Including the most marginalized groups in decision-making will help ensure that laws, policies, and resources are used to create enabling, equitable, health-promoting environments for those most vulnerable to health risks.

The challenges of effective intersectoral action

Despite the clear links between health and other development priorities, described above, attempts to create policy-making mechanisms to take advantage of these synergies have had limited success. While calls have been made for "intersectoral action" on health since the Declaration of Alma Ata in 1978 (and even before) progress on this front has proved elusive in practice. The experience of the MDG era, in which efforts towards MDGs 4, 5, and 6 focused mostly on interventions by the health sector, and the connections between the MDGs were poorly realized, has often been mirrored in the relationship between national health ministries and other sectors. Indeed, the largest governance challenge for policy coherence relates to intra-governmental and inter-governmental decision-making, where public health priorities are often overruled by other interests, for example trade relationships.

Future governance efforts must address this challenge by defining accountability measures where incentives are in conflict. New ways to address this policy problem have been tried recently in some countries by addressing the determinants of health, and these experiences need to be shared widely. For example, there is increasing agreement on the value and importance of implementing a "health in all policies" strategy that establishes health as a shared goal across the whole of government and as a common indicator of development. This strategy highlights the important links between health and broader economic and social goals in modern societies. In addition, it positions improvements in population health and reductions in health inequities as complex high-priority problems that demand an integrated policy response across sectors. This response must take into account the impacts of policies on determinants, as well as the benefits of improvements in health, for the goals of other sectors. Useful tools for implementing a health in all policies approach include: integrated budgets and accounting, impact assessments, cross-cutting information and monitoring systems, and legislative frameworks. However, the most important next step is to combine incentives with the use of executive power to bring different ministries and sectors together, without which "business as usual" is unlikely to change. At the global level, instruments such as the Framework Convention on Tobacco Control provide examples of how global governance for health can better support intersectoral action.

Health as a critical pathway to human rights and equality

Health has a strong relationship with the core values that should be at the heart of a visionary new development framework: human rights, inclusion, participation, poverty eradication, equality, and sustainability.

Health is a human right, provided for by the International Covenant on Economic, Social and Cultural Rights, which recognizes the right of everyone to "the enjoyment of the highest attainable standard of physical and mental health", as well as by the WHO's Constitution, which states that "the enjoyment of the highest standards of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition".

Health equity: key to population health and well-being

Health is critical to achieving equity. Equitable access to quality health care underpins equitable access to employment, engagement with economic activity, and quality of life. Poor health and poor health outcomes, as well as disease-related stigma and discrimination, can marginalize entire groups of people. It is important to note the converse relationship: stigma and discrimination are exclusionary processes that create inequities that underlie inequity in health, and thereby weaken social cohesion. For example, stigma promotes a culture of secrecy that can create barriers to diagnosis, treatment, employment, and marriage, and prevent people from playing an active part in society. Institutionalized stigma and discrimination may fuel marginalization through laws and policies, and these may fuel ill health. Addressing these and related issues head-on is critical for improving the health and well-being of individuals and communities. Eliminating financial exclusion and gender discrimination are priorities.

Reproductive rights

The following example illustrates the multiple benefits of universal access to reproductive health services and protection of reproductive rights. People's, especially women's, ability to decide the number of children they wish to have (and are able to afford) is a basic human right. Countries fully supporting this right tend to have a lower total fertility rate. Smaller families benefit women's and children's health. Having fewer children empowers women to complete their education and access formal employment, giving them an independent income. It also contributes to human development by reducing household poverty. Smaller families reduce population growth, which in turn reduces demand for water, food, and energy; alleviates pressures on education and the environment; diminishes social conflict and state fragility; and reduces and mitigates the impact of climate change.

Human rights, gender equality, and health

All three health MDGs have very strong gender equality dimensions, and some inputs explore these links in more detail. Since women have multiple roles in all facets of economic, political, and social life, gender equality and women's empowerment are central to achieving the MDGs. In each of their roles, the ability of women and girls to be educated and healthy, to have voice and influence, and to enjoy opportunities and choices is critical. Without these capabilities

and opportunities women are less able to reach their full potential, live a life of dignity, and be productive citizens. Gender equality therefore helps to accelerate the achievement of each health-related MDG. In addition, progress in gender equality also contributes to progress on other development goals.

Violence against women and children, and other forms of abuse of women and girls, remain worldwide problems. The link between gender-based violence and health is multi-faceted, requiring a multi-pronged approach to clarify the various implications for the enjoyment of women's economic, social, and cultural rights, including the right to health. All forms of gender-based violence, such as rape, domestic violence (including marital rape), sexual harassment at work and in schools, sexual slavery and related trafficking in human beings, violence against women in the context of armed conflict, forced early marriages, degrading and harmful traditional practices of female genital mutilation, as well as femicide as a form of honour killing, have strong linkages with health, due to the biological, social, and economic vulnerabilities of women and girls. Hence the prevention and eventual elimination of gender-based violence, including its health-related dimensions, is an area that requires higher visibility and more coordinated and institutionalized responses.

Empowering women by increasing their capacity for meaningful participation in decision-making on the design, enacting, and implementation of health policies at local and national levels is a crucial aspect of the link between gender equality and health. More emphasis should be placed on women's voice and agency, and on the related need to promote gender responsive health governance that enables women to express their needs, and to choose and enact their own pathways to better health and sustainable development. This requires greater involvement of women in the decision-making process.

In summary, this chapter has focused on the interdependent linkages between health and development, and the benefits of maximizing these synergies. Healthy people contribute to sustainable development. At the same time, policies that promote sustainability also benefit human health. The health of populations, and how equitably health is distributed, provide a yardstick by which to judge progress across all aspects of economic, social, and environmental policy. Evidence points increasingly to a causal link between per-capita income and overall life expectancy. Better health is thus both an outcome of, and a prerequisite for, reducing poverty.

In the post-2015 era acting on these linkages will be crucial: this necessitates operational research on these synergies and potential efficiency gains, and their representation in public financing. Such evidence-based action will accelerate the attainment of the MDGs, help to address the many other emerging priority health needs briefly described in the next chapter, and bring benefits for the economic, social, and environmental dimensions of sustainable development.

5. Health priorities post-2015: opportunities and challenges

➜ KEY MESSAGES

Health priorities in the post-2015 era should include accelerating progress on the present health MDGs, advancing sexual and reproductive health and rights, reducing NCDs and their risk factors, and improving mental health.

The notion of good health is evolving, shifting towards creating and maintaining good health and well-being, rather than only preventing and treating disease.

Health systems must adapt to higher expectations and new demographic, environmental, and health challenges.

Of key importance are: addressing the social, cultural, environmental, economic, and political determinants of health; improving the health of disadvantaged and marginalized groups; and meeting the specific health needs of people at different stages of life.

New ways are emerging to improve health: new technologies, opportunities for connectivity, and models of citizen participation in decision-making.

Transformative changes will be driven by 1.8 billion young people acting in their own right and living in a digitally interconnected world, with unprecedented access to information.

The linkages and relationships between health and education, climate change and other environmental threats, financial and natural resource constraints, less poverty but greater inequities, population growth and rapidly ageing populations, unplanned urbanization, and new diseases will all affect progress on health and well-being.

Considerable convergence around some of the health priorities to be addressed in the post-2015 agenda has emerged from the consultation process. This chapter briefly notes how the world and the global health landscape have changed since 2000, highlights the need for the health MDGs to remain priorities after 2015, and describes a host of other priority health challenges, all of which need to be reflected in a new development framework.

A complex, rapidly changing, uncertain world

Worldwide changes since the adoption of the MDGs have brought both opportunities and challenges for global health and development. While the MDGs were focused on low-income countries, the development landscape is now dominated by common global challenges. As affirmed at Rio+20 (and described in Chapter 4) the focus is now on universal and sustainable development, and on gaining a more comprehensive understanding of how the different dimensions of development interact.

THE WORLD WE WANT

> “All countries can learn from each other about how to strengthen health systems”

Research evidence, knowledge, and innovation should be harnessed and used by policy-makers, researchers, communities, and other stakeholders to accelerate efforts to improve population health and well-being. Low- and middle-income countries have an opportunity to reduce infant, child, and maternal mortality in a far shorter time than it took high-income countries to achieve. All countries can learn from each other about how to strengthen health systems and, equally importantly, devote more resources to addressing risk factors and creating the conditions that promote good health.

People want more engagement, inclusivity, transparency, and mutual accountability. Groups of people with a shared interest can mobilize more quickly than ever before. Everyone and everything is increasingly interconnected. Mobile telephones, the internet, and social networking have transformed how information is accessed and shared.

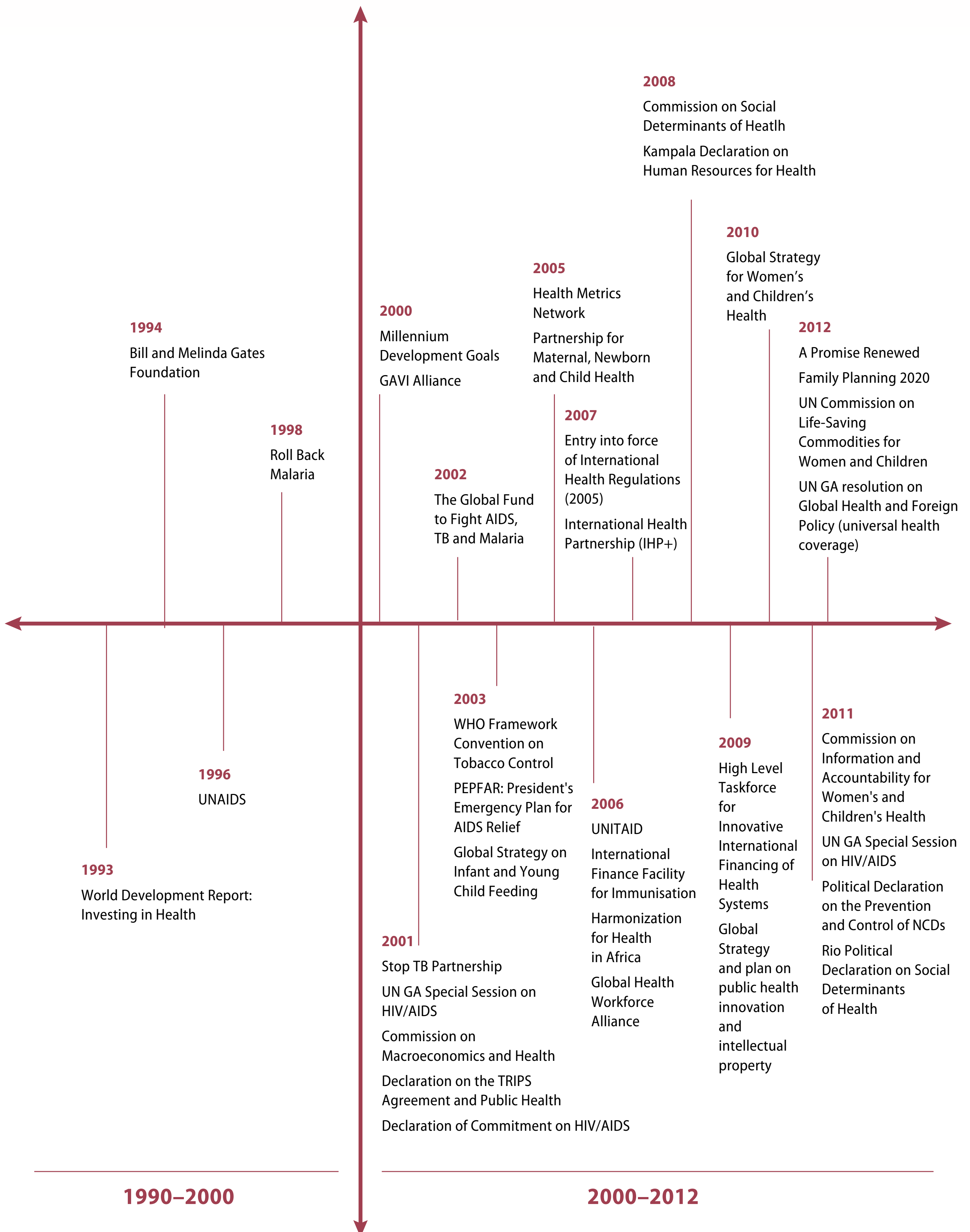
Global trends in demography, epidemiology, globalization, migration, urbanization, production, marketing, and consumption have improved the well-being of many populations, but have also created new challenges such as rising income inequalities, environmental degradation, the increasing burden of NCDs, and emerging and re-emerging infectious diseases that are undermining development. As more countries across the world reach middle-income status, and as the gap between rich and poor grows in some high-income countries, these countries also require specific attention. According to commonly used measures, two thirds of the world's poor now live in middle-income countries. Specific populations in these countries need additional support, particularly disadvantaged, marginalized, and stigmatized groups.

Transformed landscapes

Since the turn of the millennium the political landscape has grown in organizational diversity, bringing both unprecedented opportunities and new challenges. Changes include: the shift from the Paris Declaration on Aid Effectiveness to the Busan Partnership for Development Cooperation which focuses on shared but differentiated responsibility; South-South and triangular cooperation; the rise of Brazil, Russia, India, China, and South Africa (the BRICS countries) as a potential economic power bloc; the shift from the G8 to the G20; new development partners from emerging economies that do not use the Organisation for Economic Co-operation and Development's (OECD) Development Assistance Committee (DAC) policies; and the growing involvement in development of bilateral and multilateral agencies, philanthropic foundations, civil society, and the private sector.

Like the broader political landscape, the global health landscape has also experienced a dramatic transformation, and now bears little resemblance to its appearance in 2000. Some of the most significant additions to the global health architecture and other milestones are shown in **Figure 1**.

Figure 1. Global health architecture milestones, 1990-2012



Move with the times

These changes must be taken into account in the post-2015 agenda. A key issue is how to make the new agenda relevant to all countries. At the same time, global efforts to redress global inequalities and address resource issues will be essential. Several inputs to the consultation emphasize the need to strike the right balance between being comprehensive and adequately reflecting the linkages between health and other development sectors, while producing an agenda that can be applied appropriately to different settings.

While the consultation received many inputs on health-related changes in the world since the Millennium Declaration in 2000, the post-2015 agenda also needs to consider that the world may change just as dramatically, or even more so, in the future. Just as the health MDGs are still relevant, but no longer sufficient, there is a need in the post-2015 deliberations to look ahead and imagine the world in 10 or 15 years. Although no one can predict what the world will look like, it will almost certainly be different, and perhaps dramatically different, from today. It will present new opportunities and challenges.

Today's youth, tomorrow's leaders

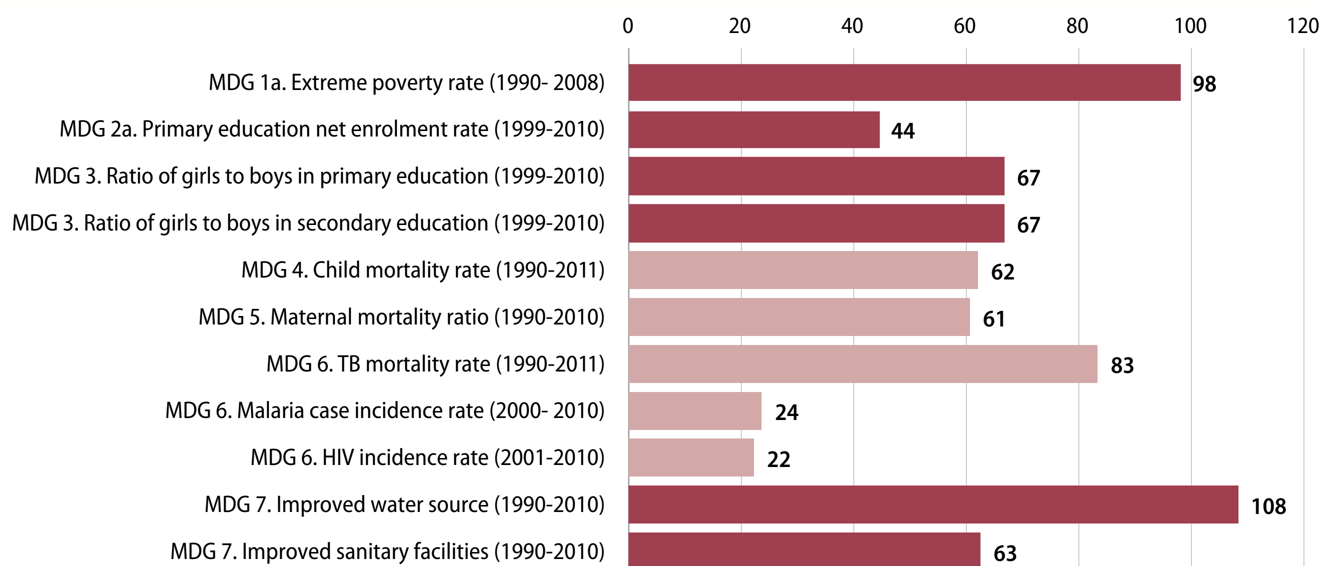
Transformative changes will be driven by young people (who now number 1.8 billion, a population that will continue to grow rapidly) acting in their own right and living in a digitally interconnected world with greater access to up-to-date information. Borders will have less importance: empowered, increasingly informed communities and civil society will engage directly with each other within and across countries, demanding more from their governments in terms of their democratic and human rights, social justice, and accountability. As in the response to AIDS, there will be more and more opportunities to create movements around health.

These shifts in power and governance at global, regional, national, and subnational levels will occur against the backdrop of, among other things, the effects of climate change and other environmental threats, financial and natural resource constraints, less poverty but greater inequalities, population growth, urbanization, medical and technological breakthroughs, and new diseases. All these factors will affect efforts to improve health and well-being. Furthermore, a range of currently unknown trends and issues is likely to further challenge and complicate development efforts.

In an increasingly complex, rapidly changing, and uncertain world, a development agenda focused on solving specific problems would thus be inadequate. The new development agenda needs to be resilient to both future challenges and future breakthroughs and innovations. In terms of health, this will require concrete proposals for building linkages across sectors and for strengthening health systems so that countries are better able to address all their health problems in a sustainable way.

As was often emphasized throughout this consultation, the current health MDGs will remain health priorities after 2015 and should feature prominently in the next agenda (see **Figure 2**). Women's and children's health, HIV, and other infectious diseases continue to be the dominant health priorities in sub-Saharan Africa (see **Figure 3**), in many fragile states, and among the poor in many low- and middle-income countries. **Box 2** includes examples of the numbers involved.

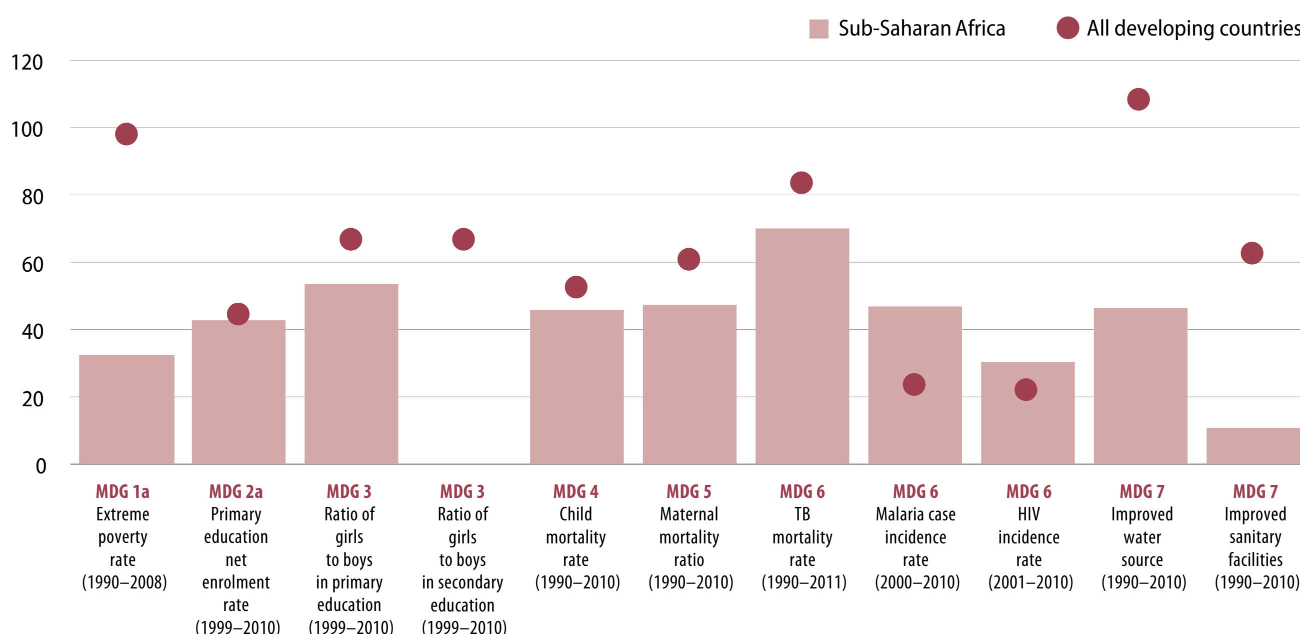
Figure 2. Percentage improvement in relation to MDG targets for selected indicators in developing countries (100% means target is met)



Note: The following targets were used: MDGs 1, 6 (TB), and 7: halve the rate; MDG 2a: 100%; MDG 3: 1; MDG 4: reduce by 2/3; MDGs 5 and 6 (malaria): reduce by 3/4; MDG 6 (HIV): zero incidence (the target of "halt or reverse the epidemic" was fully met).

Source: UN Statistical Division. *The Millennium Development Report 2012*. New York, 2012; WHO. *World Health Statistics 2013*. Forthcoming.

Figure 3. Percentage improvement in relation to MDG targets for selected indicators (100% means target is met) in sub-Saharan Africa and all developing countries



Note: The following targets were used: MDGs 1, 6 (TB), and 7: halve the rate; MDG 2a: 100%; MDG 3: 1; MDG 4: reduce by 2/3; MDGs 5 and 6 (malaria): reduce by 3/4; MDG 6 (HIV): zero incidence (the target of "halt or reverse the epidemic" was fully met).

Source: UN Statistical Division. *The Millennium Development Report 2012*. New York, 2012; WHO. *World Health Statistics 2013*. Forthcoming.

Box 2. The "unfinished business" of the health MDGs

MDG 1: In 2011, 1 in 6 children (100 million) were estimated to be underweight in developing countries. Underweight prevalence is very high in South Central Asia (30%).

MDG 4: About 19,000 children under the age of five die every day (2011). Most of these deaths are preventable by a broad set of preventive and curative interventions that include: access to safe drinking water, good sanitation and hygiene practices (such as hand washing), vaccination, reduction of indoor air pollution, and treatment of pneumonia, diarrhoea, and malaria. Although mortality in the first month of life is declining, neonatal deaths are increasingly prominent, accounting for 43% of all child deaths.

MDG 5: Every day approximately 800 women die from preventable causes related to pregnancy and childbirth (2010). An estimated 222 million women worldwide do not have access to modern contraception and sexual and reproductive health services.

MDG 6: Every day around 7,000 people in low- and middle-income countries are newly infected with HIV, including 1,000 children, and 46% of people in need of HIV treatment are still unable to access it. There were an estimated 219 million cases of and 660,000 deaths from malaria in 2010. In 2011 there were an estimated 8.7 million new cases of tuberculosis and 1.4 million people died from the disease. And neglected tropical diseases continue to affect the marginalized and poorest populations, especially in sub-Saharan Africa.

Source: WHO

Several contributions underline the importance of accelerating progress towards achieving MDG 5b (universal access to reproductive health, including meeting the unmet need for voluntary family planning). This is because it is one of the targets on which progress is lagging furthest behind and because it has a significant impact on efforts to improve maternal health and reduce maternal mortality. These contributors argue that it is therefore of great importance to address more effectively the current global shortfall in respecting and protecting the rights and needs of young women and girls. They stress that comprehensive, integrated sexual and reproductive health and rights and HIV health services are a prerequisite for achieving both MDG 5 and MDG 6, and should be included in the post-2015 development agenda.

To maintain and secure progress made under the MDG agenda, and to continue efforts to reach and surpass the targets in all countries, MDGs 4, 5, and 6 must remain central to the post-2015 agenda. Some contributions suggest that the fight against HIV, TB, and malaria can be won, and the end of AIDS can be a distinctive triumph of post-2015 era. To reduce efforts on these diseases now would be to sacrifice the progress made under the MDGs and before. Other inputs refer to "A Promise Renewed", which has set goals to end all preventable child deaths. Targets will need to be redefined to better reflect country circumstances and capacities, but this is not the role of this Task Team or consultative process.

Importantly, the unfinished business of the MDGs also includes targets relating to the underlying determinants of health, such as good nutrition, safe water, adequate sanitation, and education. Lack of progress on MDG 8, especially the target on access to affordable medicines, is also hampering efforts to improve health outcomes.

Achieving these MDG targets should be a priority in all countries that have not already done so.

Emerging health priorities

Changes in demographics, epidemiology, and risk factors are redefining priority health needs (see **Box 3**); many contributions refer to these transitions.

Noncommunicable diseases: a global challenge

Globally, the burden of premature mortality and disability is shifting away from communicable, maternal, neonatal, and nutritional causes, and towards NCDs, mental illness, and injuries. Many countries, however, face a double burden, and within countries different socioeconomic groups have to deal with different combinations of communicable and noncommunicable diseases and other causes of death and ill health.

Unsustainable patterns of production, consumption, and growth underpin the rapid rise in NCDs, which accounted for 34.5 million (65%) of the 52.8 million deaths in 2010, according to the Global Burden of Disease project. Some 80% of these deaths were in low- and middle-income countries; in absolute terms, deaths from NCDs in these countries are projected to rise by over 50% by 2030, with the largest increases in sub-Saharan Africa and South Asia. At the country level, people of lower socioeconomic status, and those in poor and marginalized communities, face greater exposure to the leading risk factors and are at higher risk of dying from NCDs than those in advantaged groups. In the UN Political Declaration on NCDs in 2011 Member States unanimously affirmed that the scale of NCDs is one of the foremost challenges to social, economic, and sustainable development in the 21st century. Reflecting

Box 3. The health transition

One of the most striking features of recent decades has been a shift in the underlying causes of death and disease around the world. This "health transition" affects men, women, and children in all countries. It stems from changes in three interrelated and mutually reinforcing elements: demographic structures, patterns of disease, and risk factors.

1. The demographic transition is characterized primarily by a declining fertility rate, supported by lower mortality rates at all ages, which together result in an ageing population. The average number of children per woman fell globally from 4.3 during the early 1970s to 2.6 by 2005–2010. This is largely due to the increasing use of contraception.

2. The epidemiological transition reflects a shift in the main causes of death and ill health, away from infectious diseases such as diarrhoea and pneumonia (traditionally associated with poorer countries) and towards NCDs such as cardiovascular disease, stroke, diabetes, and cancers. Long considered the burden of richer nations, these now pose major health challenges in all countries.

3. The risk transition follows a reduction in risk factors for infectious diseases (undernutrition, unsafe water, and poor sanitation, for example) and an increase in risk factors for NCDs (such as tobacco use, alcohol abuse, physical inactivity, and inadequate diet).

The outcome of these three elements, the health transition, is not a linear shift from one disease portfolio to another; the two overlap, and interact. Many countries will experience a period of double burden. Co-morbidities reflect environments of multiple interacting risk factors and their determinants.

Source: WHO. *Women and health: today's evidence tomorrow's agenda*. Geneva: World Health Organization, 2010.

these realities, the prevention and control of NCDs was identified as a priority in many of the inputs to the consultation.

Some inputs note that addressing the high prevalence of NCDs requires a different approach to global health in the post-2015 era. First, greater attention needs to be paid to disability, which directly affects 15% of the world's population. Second, a life-course approach is required, addressing early childhood exposures and conventional risk factor prevention, and encouraging healthy ageing. And third, a greater focus is needed on health literacy, education, and patient empowerment, because many NCDs are chronic, lifelong conditions.

Although people around the world are now living longer than they were a decade ago, many are living with one or more disabilities or chronic conditions. For example, around 9 million people in low- and middle-income countries now benefit from antiretroviral treatment with remarkably improved survival; however, some have co-morbidities, such as cancer, diabetes, or cardiovascular disease. Multiple morbidities disproportionately affect the poorest. An ageing society, alongside improving health care, means that managing people with multiple co-morbidities will be an increasing challenge for health systems in the years following 2015.

Young and old: effects of demographic change

In the coming decades, changes in population growth rates, age structures, and distribution — particularly in the context of persistent inequalities — will have a major influence on health and development and will profoundly challenge the capacity of countries to achieve broad-based development goals, including health. Most population growth will take place in low- and middle-income countries, increasing pressure on the economy, basic health and social services, and the environment. In many low-income countries high fertility, unacceptably high rates of morbidity and mortality, and low life expectancies hinder development. By contrast, higher-income countries are experiencing low fertility, shrinking working-age populations, and rapid population ageing.

Both youth and ageing are significant from a health perspective. For example, although people aged 10-24 years are generally in good health, they face threats to health such as mental illness, injuries, and risk behaviours such as tobacco use, alcohol abuse, unsafe sexual behaviours, inadequate diet, and physical inactivity. Action to empower and build resilience among young people, for example through access to health information (including on sexual and reproductive health), education, and jobs can help them avoid such risks. Action is also needed to promote healthy ageing and economic well-being in old age, and to provide supportive environments where older persons are treated as assets rather than burdens.

Addressing risk factors: a public health priority

The rising prevalence of NCDs, demographic changes, and risk factors are all interconnected. For example, the causes of NCDs are rooted in complex global patterns of urbanization, globalization, and economic development. Addressing these risk factors requires a greater emphasis on public health, health promotion, behaviour change, and disease prevention, which are currently underfunded in most national health policies and development assistance allocations. Tackling risk factors will also require action beyond the health system,

“What is needed is a balanced and “non-competitive” approach”

for example: road transport, ambient air pollution, indoor air pollution (tobacco smoke, solid fuel use for cooking, heating, and lighting), and agricultural and food policies. Some inputs note that the global food system is deeply dysfunctional and does not meet the world’s dietary needs. The global food system often works against, rather than facilitating, healthier choices.

To reduce the growing burden of NCDs and their associated burden of preventable mortality, disability, and health-care costs some contributors to the consultation argue that the scaling up of evidence-based interventions to reduce the consumption of alcohol and tobacco should be included in strategies for the post-2015 agenda. Others note that addressing the harmful use of alcohol would help, not only in combating NCDs, but also with setting the policy agenda in other priority areas, given the links between alcohol and violence, gender-based violence, injuries, HIV and STI transmission, drug use, and so forth. Several contributions caution against pitting NCDs against communicable diseases when raising the profile of NCDs in the development agenda. What is needed is a balanced and “non-competitive” approach that addresses the underlying determinants of health.

The importance of health systems

Another priority area mentioned in several inputs is the need to strengthen the building blocks of national health systems, including robust and sustainable financing mechanisms, infrastructure (including appropriate surgical capacity at primary, secondary, and tertiary levels), health information systems, the health workforce (including management), and health research capacity.

Health goals need strong national public health systems

Related to this, some contributors cite the need for urgent action to encourage and enable innovative approaches to programme management and product delivery. The ability of health systems to adopt, introduce, and scale up new technologies and approaches requires special attention. Innovations in health technologies, services, monitoring and evaluation, and information systems hold great promise for global health, but the full potential of these advances will only be realized if those solutions are delivered in the communities that need them most. For example, technologies are now available to rapidly diagnose diseases such as TB, which if applied at scale would, for the first time, create the possibility of ending such diseases as major public health problems.

Coping with change will be a critical factor in health delivery in the coming decades. The post-2015 framework must anticipate future health needs: it is therefore important to plan, not only for interventions that will produce benefits in today’s world, but also for improvements that could be available in the future.

Contributions to the consultation also identify other issues not included in the MDGs but which are important from a health perspective. These include disabilities, including blindness, skin diseases, and infectious diseases such as hepatitis, which do not currently feature in the public health discourse.

However, contributors generally recognize the need to avoid a long list of goals addressing all major health concerns. Instead, broader, more holistic health goals are needed in the post-2015 agenda.

In summary, many contributors argue that the new agenda needs to make people the priority in global health, not diseases. A two-pronged approach is needed: tackling the underlying determinants that cause or contribute to ill health, and creating health systems that are proactive, preventive, and can provide care throughout an individual's life, with ongoing management for all health issues, including public health. Health goals and indicators in the next development agenda should encourage countries to address both these aims, by measuring not only health outcomes but also the creation of conditions that promote good health. Alongside the MDGs the post-2015 agenda offers an opportunity to harness new resources with which to tackle all health challenges in an integrated and sustainable manner.

6. Guiding principles, goals, targets, and indicators: summary of inputs from the consultation

➜ KEY MESSAGES

The guiding principles for the new development agenda should include human rights, equity, gender equality, accountability, and sustainability.

The most disadvantaged, marginalized, stigmatized, and hard-to-reach populations in all countries should be prioritized. Equity can be made explicit in all the goals by disaggregating indicators and targets at all levels, and including targets for closing gaps.

The post-2015 health agenda should: 1) include specific health-related targets as part of other development sector goals; 2) take a holistic, life-course approach to people's health with an emphasis on health promotion and disease prevention; 3) accelerate progress where MDG targets have not been achieved and set more ambitious targets for the period to come; and 4) address the growing burden of NCDs, mental illness, and other emerging health challenges.

Sexual and reproductive health and rights (particularly universal access to contraceptives) must be addressed.

Young people require special attention, including comprehensive sexuality education, as well as protection from sexual violence and abuse.

Countries should be able to tailor targets and indicators to their own health priorities and circumstances.

Universal challenges, universal goals

The previous three chapters highlighted key contextual factors and set out the reasons why health should be prominent in the post-2015 agenda. Health is a basic human right; health is necessary for development, and development is necessary for health. The MDGs, despite their shortcomings, have shown that global "headline" health goals have the power to galvanize action to improve specific health outcomes. However, the world is now facing enormous challenges and threats to health and well-being that require an even more ambitious agenda than that of the MDGs.

This chapter summarizes the various options proposed in the written inputs and during face-to-face meetings in terms of guiding principles, goals, targets, and indicators. Most of the suggestions can be grouped into four categories: an overarching aspirational goal for the entire post-2015 development agenda; a broad health goal focused on living

longer and being healthier at all stages of life; a goal of universal access to and coverage of affordable, high-quality, comprehensive health services; and more specific MDG-like health outcome goals.

Interestingly, most inputs support some combination of these four categories of goals: there is very little support for a single health goal focused on only one of these areas. It is important to note that, although opinions differ about the best combination of goals or how they should be framed, a strong consensus in the inputs cautions against any lessening of efforts to attain all the health MDGs.

Guiding principles for the post-2015 development framework

The following principles were proposed during the health thematic consultation. The first list relates to principles for the post-2015 framework overall; the second relates specifically to health within that framework.

1. The principles of the Millennium Declaration — human dignity, equality (including gender equality), and equity — should be reaffirmed and made more explicit.
2. The approach should be people-centred and rights-based, with attention to sustainability, good governance, and policy coherence for development. Goals should facilitate action between and across sectors where necessary.
3. The goals, targets, and indicators should have universal relevance; they should also ensure that sufficient attention is paid to disadvantaged, marginalized, stigmatized, and hard-to-reach populations in all countries, regardless of income level.
4. The concept of "shared and differentiated responsibility" should be more clearly articulated.
5. Like the MDGs, the post-2015 goals need to be limited in number, convincing, clear, easy to communicate, measurable, time-bound, and achievable.
6. The framework should aim to accelerate progress towards the MDG targets that have not yet been achieved.
7. The importance of country context should be acknowledged and countries given greater flexibility to tailor targets to national and subnational realities. Countries should set targets according to what they can achieve in their own settings and with the resources available to them intrinsically, rather than solely through development assistance.
8. Accountability, transparency, partnership, and inclusivity should be prominent; communities and civil society should be meaningfully involved in developing, implementing, and monitoring progress towards attainment of the goals.
9. More investment should be made in improving access to reliable and timely health information; and all governments, international agencies, and development partners should be accountable for the commitments they have made.
10. Progress at the global level should be reviewed every five years to strengthen accountability and allow the goals to be adjusted upwards.

> “communities and civil society should be meaningfully involved in developing, implementing, and monitoring progress towards attainment of the goals”

In addition to the above principles, the new health goals should:

1. accelerate efforts to achieve the health MDGs, while incorporating other priority health and development issues;
2. clearly state that health is a human right that comes with both entitlements and duty-bearers;
3. reflect the reality that improving health and well-being at all stages of life is a task, not only for the health sector, but for all sectors of government, and requires a health-in-all-policies approach;
4. encourage the implementation of evidence-based measures to tackle risk factors and address the social, cultural, economic, environmental, and political determinants of health;
5. promote integrated health systems and the life-course approach to health; that is, commit to the provision of affordable, accessible, comprehensive, high-quality health-care services at all stages of life, including health promotion and disease prevention, as well as diagnostic, curative, rehabilitative, and palliative care; and
6. pay due attention to means and intermediate processes, with relevant indicators and targets.

A development agenda focused on health and well-being

Some inputs propose an overarching development goal in addition to one or more health goals as the best way to convey the inextricable links between health and development. Suggestions include “well-being”, “sustainable well-being for all”, “healthy planet, healthy people”, and “maximizing human potential”. A related proposal is for a set of “one-world” goals that aims to foster individual potential, promote and protect human capital, and enable the effective provision of global public goods.

Those who support “well-being” as a development goal argue that this is a much broader concept than health and is therefore the best option to ensure involvement by other sectors. Supporters of a “healthy planet, healthy people” approach caution that the concept of well-being raises conceptual and practical questions requiring further consideration in order to clarify its meaning, and to determine how it might be measured according to an agreed set of internationally compatible and comparable indicators.

Regardless of its phrasing, the argument for an overarching development goal aimed at improving health and well-being is that it addresses the need for action on the underlying determinants of health and well-being, including the root causes of ill health, poverty, gender inequality, violence, etc. As described in Chapter 4, many of the underlying determinants of

health and well-being are related to social, cultural, economic, environmental, and political factors that have little to do with the health sector. Several inputs express the view that the importance of other sectors cannot be overstated. Any meaningful effort to improve health and well-being, especially among disadvantaged and marginalized people and communities, must address these determinants.

A focus on well-being at the highest political level in countries and at the UN General Assembly should stimulate a more pro-active "health-in-all-policies" approach. This will require cooperation and policy coherence across sectors to maximize synergies between their different goals. It will put human rights (including the right to health), equity, sustainability, and empowerment at the centre of all policies. This in turn will require a broader view of development, a more democratic and participatory regime of global and national governance, and a configuration of economic relations that supports equity, decent living conditions, and ecological sustainability.

Several inputs make a bold call for other sectoral development goals in the post-2015 agenda to include specific health-related targets (on food and nutrition; jobs, employment, trade, and economic growth; gender; environmental sustainability, etc.). Lacking in the MDGs, such cross-sectoral targets would be key to achieving "sustainable well-being for all".

Another suggestion is for a matrix approach that would enable specific goals and targets relating to the key health challenges to be identified, while also clarifying relevant targets in other parts of the goal matrix (environment, justice, nutrition, poverty). This would deliver a health agenda that recognizes health as both a contributor to and a beneficiary of broader (sustainable) development.

Not all are convinced of the advisability of an overarching development goal aimed at improving health and/or well-being. Although the objectives of that option are laudable, there are concerns that such a goal would be overambitious and too vague. It would be unlikely to define meaningful measures, which could undermine the powerful parsimony of the health goals. It would also fail to distinguish those sectors that have substantial and direct impacts on health from sectors with more attenuated (or even uncertain) impacts.

A health goal: maximizing healthy lives

The UN Task Team report *Realizing the Future We Want for All* recommends that a health goal be framed so as to reinforce health as a global concern for all countries, stimulate political leadership, and still be measurable: that is, a goal that measures healthy life expectancy.

The idea of "healthy life expectancy" as a health goal was widely supported in the consultation (possibly because that report was published before the health thematic consultation began). With disaggregated data to address the equity dimension, it is considered a particularly attractive outcome goal because it takes mortality, morbidity, and disability into account. One input suggests the goal should be reworded as "good health for the best possible physical, mental, and social well-being".

Several inputs refine the concept to make it more concrete and measurable and to include a life-stage perspective. Suggestions include "maximizing healthy lives at all stages of life",

“ Contributors acknowledged the challenges inherent in effectively measuring healthy life expectancy ”

“gaining health through the life course”, and “maximizing health at all stages of life”. Some propose applying a life-stage approach to all health goals.

Targets and indicators could take account of the different stages of life by identifying measurable targets to reduce mortality and morbidity at each life stage: e.g. newborn, under 5, adolescent, middle age, and senior. Stage-of-life indicators could also address gender-related factors, including maternal health needs and disparities in health services access.

Some inputs favour separating a maximizing healthy lives goal into two components, with one goal aimed at enhancing survival and another at improving health at all ages.

Many factors contribute to a long and healthy life, including a health system that is effective and needs-based, provides access to essential services of adequate quality, and is financed equitably without the risk of impoverishing its users. However, policies in other sectors are also essential, such as in ensuring education, clean water and sanitation, and adequate nutrition, which are key determinants of health.

This approach has broad support among those who believe that, although the specification of particular diseases in the original MDGs served a useful political purpose, it eventually contributed to wasteful “competition” between diseases and to neglect of many important unspecified conditions. Many contributors want the post-2015 framework to avoid these pitfalls.

Contributors acknowledged the challenges inherent in effectively measuring healthy life expectancy (and related proposals). This would require improved quantitative data and studies to assess quality of life.

In view of the challenges posed by measurement, some contributors propose a simpler overarching goal of life expectancy, disaggregated for life expectancy at birth and at 40 years, in order to reflect health challenges during infancy and childhood as well as in older people. This has two advantages: it is readily understandable, and it is already widely used as a summary indicator of health and development.

Other proposals for overarching health goals include: all-cause mortality at different ages, lives saved or diseases averted, and the number of disability-adjusted life years (DALYs). However, these options have a number of weaknesses. They are unlikely to win the same popularity with politicians or the public because of their highly technical terminology and relative lack of intelligibility. Moreover, they do not readily lend themselves to the formulation of understandable targets.

Several contributors point out that broad health goals such as these are slow to change. Moreover, insofar as they are indicators to reflect progress across multiple sectors they are not specific to the impact of direct health-care interventions. Others counter that this is also true of indicators such as child and maternal mortality, and that a search for goals and indicators that can be neatly ascribed to defined sectoral interventions is likely to prove futile.

Some inputs point out that a single overarching health goal could be designed both to encompass the three disease-specific health goals of the original MDGs and to address more effectively the emerging patterns of mortality and morbidity, particularly in relation to NCDs. Such a structure would also allow the flexibility required for country-relevant indicators.

Another reason why a health goal focusing on (healthy) life expectancy or maximizing healthy lives has broad support is because it is applicable to high-, middle-, and low-income countries alike. This is consistent with one of the widely held views expressed in this consultation: that future goals must reach beyond traditional development thinking and become sustainable "one-world" goals, and that to achieve this the global community must move beyond the aim of "meeting basic human needs" and adopt a more dynamic, inclusive, and sustainable approach to development.

A goal of universal coverage of and access to affordable, comprehensive, high-quality health services

As with maximizing healthy lives, a goal of universal access to affordable, comprehensive, high-quality health services had been proposed in a WHO position paper before the health thematic consultation began in October 2012. It was called universal health coverage (UHC).

Supporters of UHC as a goal identify a number of caveats, such as avoiding a focus on finance alone, and emphasizing service access, appropriateness, coverage, and quality, as well as health promotion and disease prevention. Several contributors note that UHC predominantly relates only to the health sector, and therefore does not address the underlying determinants of health. Some argue that "access" is as important as, and more easily understandable than, "coverage" and make a strong case for including "access" in the name of the goal (and changing the acronym to UHA or UHC+A).

Support for UHC (or UHA/UHC+A) as a health goal is based on the recognition that the provision of and access to quality health services is a vital component of efforts to maximize health at all stages of life. It addresses many of the shortcomings of the MDGs (see Chapter 3) and it could accommodate several of the health priorities noted in Chapter 5.

UHC has two interrelated components: coverage with high-quality health services (disease prevention, health promotion, treatment, care, and support) and coverage with financial risk protection, for everyone. Achieving the goal of UHC is a dynamic process that requires action on several fronts, to widen: the range of services available to people; the proportion of the costs of those services that are covered; and the proportion of the population that is covered. Few countries reach the ideal, but all can make progress. It thus has the potential to be a universal goal.

Moving towards UHC requires a strong, efficient health system that can deliver high-quality services on a broad range of national health priorities. This requires adequately funded health financing systems, experienced health managers, accurate and timely health information, adequate procurement, supply-chain management and logistics, access to essential medicines, supplies, and equipment, and a well-trained, motivated workforce.

> “future goals must reach beyond traditional development thinking and become sustainable “one-world” goals”

Access to essential health services (primary, secondary, and tertiary care, including surgical care at all levels) improves or maintains health, allowing people to earn incomes and children to learn, thus providing them with a means to escape from poverty. The removal of financial barriers to access will increase utilization, particularly by the most poor and vulnerable. Financial risk protection prevents people from being pushed into poverty by out-of-pocket payments for health. UHC is therefore a critical component of sustainable development and poverty reduction.

Supporters of UHC as a health goal say it offers a way of sustaining gains and protecting investments in the health MDGs, and can also increase the visibility of other internationally agreed health goals relating to specific diseases by expressing them as sub-goals or targets. Similarly, UHC can accommodate other health priorities while avoiding unhelpful competition between them. UHC gives people access to all the health services they need regardless of their ability to pay and as such it promotes a more integrated approach within the health sector.

Several inputs emphasize that any goal on UHC must include: a) preventing ill health, in order to reduce the national burden of disease, with health systems playing a stronger stewardship role for public health beyond the remit of health-care facilities and addressing the social and environmental determinants of health; and b) reducing barriers to access, in recognition of the fact that individuals' health-seeking behaviours and ability to turn demand into action are hampered by numerous barriers relating to gender, income level, rural or urban geographies, governance, and access to decision-making, among many other factors.

Within a broader UHC goal, several indicators were proposed during the consultation. There is considerable support for including a health workforce benchmark or indicator to track progress in this critical and cross-cutting dimension of health systems. Several inputs say that targets and indicators are needed for: access to safe anaesthesia and safe surgery, including caesarean sections; management of trauma; and treatment of pain. Other inputs stress the importance of indicators for monitoring universal access to: a full range of affordable family planning commodities and services; universal sex and relationship education, including family planning; and access to legal and safe abortion on demand.

Indicators are also required to measure equity in access to services: who accessed them; how good were the services provided (informed choice, non-coercion, absence of discrimination and stigma); and the type of services provided (prevention or treatment and of what condition).

However, not all contributors are convinced of the merits of UHC as an overall health goal. The major concern, noted above, is that UHC does not address all the determinants of health, but covers only some of the factors that promote or impair it. A further argument is that it is complicated and therefore difficult to measure and to compare across countries. Another is

that it is only a means to an end (i.e. better health) and not the ultimate goal. However, the counterargument is that UHC is a right in and of itself.

More MDG-like goals

Several inputs call for more specific goals that resemble the MDGs. One of the main arguments given is that the post-2015 development agenda should maintain the priorities of the MDG framework and not be designed to encapsulate everything that development seeks to achieve. Another argument is the importance of maintaining political pressure on achieving the MDGs. The MDG framework generated resonance and buy-in because of its focus on clear, targeted, measurable outcomes that were meaningful to both the general public and policy-makers. Some (not all) inputs promoting one or more focused MDG-like goals also support either or both of the two broader goals of maximizing healthy lives and UHC.

Several inputs make a strong case to extend the health MDGs, with updated, more ambitious global and country targets.

Some submissions argue for the retention of the health MDGs, or new goals like the MDGs, either as headline health goals or as subsidiary targets within the broader health goals outlined above. Many contributors call for the current MDGs to be updated with revised targets and disaggregated indicators, reflecting progress that has occurred since 2000, but also the fact that many countries will not achieve the current targets by 2015.

One specific MDG-related goal suggested is to **end preventable child and maternal deaths and morbidity**. This combines MDGs 4 and 5 and offers a new way forward. It has universality and would build on the vital unmet commitments to improving maternal, newborn, and child health within the current MDGs. A goal to end preventable child deaths would also build on the existing commitment in "A Promise Renewed", by which countries have pledged to intensify efforts to reduce under-5 mortality to less than 20 deaths/1,000 live births in all countries by 2035. It recognizes the significant progress made in pursuit of the targets expressed in the MDGs, but refocuses the efforts of all stakeholders on the people who have been missed to date: the poorest and hardest to reach children and mothers. Specific targets and indicators can reflect the action that is needed outside the health sector. Another similar proposal adds "and provide health care for all" to this goal.

Some inputs propose a goal to **reduce child stunting**, framed like an MDG, in order to ensure stronger links between health and nutrition: this could only be achieved by cooperation across sectors. While chronic malnutrition may technically be classified as a disease, it is primarily a crucial contributor to ill health and long-term impairment of human development. Many believe that malnutrition was misspecified (as wasting) and misplaced (with poverty) in the first generation of MDGs. Although it is admittedly multi-causal, it would be best placed with health in the next generation of MDGs as it is essential to health at all ages.

"The MDGs did not address the need to build reliable country statistical systems to monitor the goals"

A specific NCD goal for 2025 already exists: to **reduce the probability of dying from the four main NCDs for people aged 30–70**. It is framed like an MDG with a time-bound global target (25% reduction by 2025) and it has nine sub-targets and 25 indicators, such as 30% reduction in tobacco use by 2025.

Universal access to sexual and reproductive health and protection of sexual and reproductive rights. Several inputs support this as a goal or target on the ground that access to reproductive health and the protection of reproductive rights are crucial to dignifying human development and well-being for all. Some inputs place this goal within a broader health goal like UHC (some add "family planning" to the goal); one argues that it should be the key health goal.

Universal availability of both BEmOC (basic emergency obstetric care) and CEmOC (comprehensive emergency obstetric care). This was proposed because the vast majority (80-90%) of maternal deaths could be decreased or eliminated by the provision of skilled birth attendants in adequately equipped birthing facilities capable of emergency intervention.

Universal access to HIV, TB, and malaria treatment and services and to sexual and reproductive health and protection of reproductive rights. HIV is inextricably linked with TB and sexual and reproductive health, and such an overarching goal would ensure that these services are better integrated where necessary. Where these linkages are strongest, integrated approaches create positive synergies by addressing multiple needs simultaneously.

Box 4: Other proposed health goals or targets under a broader health goal

- A separate **gender goal** to ensure gender equality and the meaningful involvement of women of all ages in decisions affecting health.
- A goal on **early childhood development**, which would help reduce health inequities in adulthood.
- A goal on **child protection and care** would help ensure well-resourced national child protection systems, with mutual benefits for those striving to improve children's protection and care, and those working to enhance rights to health and survival.
- A **health promotion goal** could offer a complementary strategy, through an explicit focus on the upstream distal determinants of health, and its use of bottom-up empowerment strategies such as community engagement and participation.
- A **healthy public policies** goal could be meaningfully integrated within a Framework Convention on Global Health and/or global health governance.
- A **One Health approach goal**, recognizing that human health, animal health, and the health of ecosystems are interconnected. One Health involves applying a coordinated, collaborative, multidisciplinary, and cross-sectoral approach to address potential or existing risks that originate at the animal-human-ecosystem interface, such as avian influenza.
- **Targets for health financing**, including total health expenditure per capita, proportion of domestic government budget expenditure on health, and out-of-pocket spending.
- Targets for investment in **research addressing the health needs of the poor**, specifically the need for new or improved health products to help eliminate neglected tropical diseases in accordance with the recently adopted WHO roadmap.
- Targets to **apply universal standards in data collection, quality, and dissemination**.

A number of inputs suggest that an HIV-specific goal should be maintained. Two suggestions include: **ending AIDS can be a distinctive triumph of the post-2015 era;** and **universal health coverage for all including universal access to HIV prevention, treatment, care, and support and universal access to sexual and reproductive services via a rights-based approach.**

A suggested goal or target for TB is: **zero new TB infections, zero TB deaths, zero TB suffering, and zero TB stigma and discrimination**.

Some inputs propose that important subsectors of society (adolescents, older people, people with disabilities, and migrants) may benefit from their own goals with targets in a number of different areas (including health).

Box 4 presents some of the other goals and targets proposed during the consultation.

Indicators to monitor progress

Much more work needs to be done before a set of health indicators for the post-2015 development agenda can be proposed, but a consensus has emerged from the consultation on the approach to their selection.

- They should be capable of effective and reliable measurement and monitoring.
- They should be scientifically sound, easy to interpret and convey, and measureable with attainable resources.
- They should be both summative (reflecting multiple elements) and diagnostic (able to identify critical weaknesses that policy and programmes must address).
- They should be tailored and adapted to national and regional contexts and existing conditions to reflect national health needs and priorities. A global set of indicators could also be "rolled up" from countries' indicators.
- Indicators should be chosen that have already been agreed so as to not add to the reporting burden.

Indicators for health could combine health status and health enablers (such as immunization, access to medicines, universal health coverage, and health system strengthening) to ensure the post-2015 framework focuses on improving health outcomes and provides guidance on the means to do so. One concrete example of such an indicator is that of the "fully immunized child" (involving the universal provision of all 11 antigens recommended for infants everywhere in the world). This is proposed as an ambitious but practical indicator under a health goal. Routine immunization, measured through diphtheria-tetanus-pertussis (DTP3) coverage rates, has long been recognized as a sound proxy measure for the strength of a health system. A fully immunized child indicator would modernize this measurement and refocus it on people, rather than on diseases.

In order to adopt a multi-dimensional approach to improved health and well-being that focuses on its interrelated and core economic, social, and environmental root causes, many indicators in the post-2015 framework will need to be cross-cutting. For example, in the case of sexual and reproductive health and rights, youth-friendly services, sexuality education, access to a range of modern contraceptives, and postnatal and antenatal care all require,

“ the new agenda should retain the major strengths of the MDGs: specificity and intelligibility ”

not only indicators relating to the health system (number of skilled workers, sufficient and effective drugs, etc.) but also elements linked to the education system, access to nutrition and water, stigmatization and discrimination, and so forth. Another example is the interconnection between health and financing mechanisms to avoid high out-of-pocket costs, for example by introducing social protection systems to make progress towards universal health coverage.

Indicators could be included to measure political will/public investment in health and the institutionalization of legal frameworks for existing rights mechanisms.

Some indicators could relate to the human rights aspects of health. For example, one indicator could address the implementation of laws and fulfilment of obligations assumed with the ratification of international treaties that promote access to all evidence-based reproductive health services (e.g. in the Universal Periodic Review and Treaty Monitoring Committee periodic reports). Another indicator might concern the revision of laws that criminalize behaviours such as substance use, same-sex sexuality, and sex work, and laws that criminalize or impede access to comprehensive sexuality education, modern contraceptives including emergency contraception, and safe abortion care.

At the same time the new agenda should retain the major strengths of the MDGs: specificity and intelligibility. Overall goals relating to improved health must be supported by a set of specific indicators and targets concerning the effective and equitable implementation of proven interventions. These include specified reductions in, for example: maternal mortality, child mortality, cause-specific mortality, morbidity, and disability, and risk factors such as tobacco and alcohol use. They also include specified improvements in intervention coverage, such as immunization.

As noted above, overarching health impact indicators tend to be slow to change and hard to measure. In order to monitor change, more responsive, simpler indicators will also be needed. These should reflect both health status and the performance of the health-care system in terms of access to and use of health-care services, the financial costs, quality of care, and the availability of health-care professionals and managers, among others.

To address issues of inequities, particularly within countries, several inputs call for indicators to be disaggregated in various ways. Depending on the indicator, disaggregation might be by gender, age, disability, education, geography, ethnicity, income, migrant status, marital status, or sexual orientation. Data need to be disaggregated at national and subnational levels to make inequities visible and allow better prioritization and targeting of disadvantaged and marginalized groups. Some contributors believe that disaggregation is necessary but not sufficient to ensure proper attention to equity and closing gaps for disadvantaged communities. They argue that, to guide such progressive change, targets must also expressly require reductions in inequities.

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7. Implementation: mutual accountability and shared responsibility

KEY MESSAGES

Accountability must be an integral part of the new development framework.

Emerging governance models provide opportunities for far greater citizen participation, ownership, and influence, as well as intersectoral action. The participation of communities, young people, and civil society is vital both for strong policy development and implementation and for holding all stakeholders accountable for progress.

Building the governance required to orchestrate a coherent response across government and society that results in better health outcomes ("health in all policies") remains one of the greatest challenges in global health.

Effective national health systems as well as enhanced management competence and capacity are key strategic dimensions.

The new health agenda should seek to ensure improved quality and equity in the delivery of health services, regardless of the sector of the service provider.

Strengthening national health information systems, civil registration, and vital statistics will be critical for successful implementation, down to the district level and below, as a prerequisite for measuring and improving equity.

Long-term, predicable, and sustainable financing for health and development (from domestic as well as international resources) will be required to achieve the post-2015 development goals. The new framework should foster political opportunities for new innovative financing mechanisms, such as a financial transactions tax.

The global health architecture should evolve in order to better respond to countries' needs and priorities.

A strong emphasis should be placed on the importance of learning and sharing experiences of best practices.

This chapter summarizes inputs to the consultation about how to achieve the post-2015 health goals. The importance of including concrete recommendations about implementing the new agenda was highlighted in several of the contributions (implementation issues were not addressed in the MDG framework). Many suggestions relate to strengthening the overall enabling environment for sustainable development, and to national and international policies and processes that are not the responsibility of the health sector.

The inputs are grouped into four areas:

- comprehensive health and poverty-reduction policies and mechanisms;
- adequate and sustainable financing;
- better information, accountability, and measurement capacities; and
- cooperation and coordination.

Comprehensive health and poverty-reduction policies and mechanisms

Orchestrating a coherent response across government and society that results in better health outcomes ("Health in All Policies") remains one of the most prominent challenges in global health. The Rio Political Declaration on Social Determinants of Health in October 2011 called for the following actions to address the interconnectedness of social policies and health:

- adopt improved governance for health and development;
- promote participation in policy-making and implementation;
- further reorient the care delivery system towards promoting health and reducing health inequities;
- strengthen global governance and collaboration; and
- monitor progress and increase accountability.

Some inputs note that the new development agenda requires global action to change rules, incentives, and power structures aimed at achieving social justice and more democratic global governance.

Other inputs draw attention to the Guiding Principles on Human Rights and Extreme Poverty, which call on States "individually and jointly, to create an international enabling environment conducive to poverty reduction, including in matters relating to bilateral and multilateral trade, investment, taxation, finance, environmental protection and development cooperation." Some quote the Commission on Social Determinants of Health: "income redistribution, via taxes and transfers – the latter of which are key to social protection – are more efficient for poverty reduction than economic growth per se." Other submissions also cite OHCHR's "Technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce preventable maternal morbidity and mortality", which contains principles that could be applied to multiple areas of health.

Empowering people and communities; engaging adolescents

Some inputs emphasize the need to foster governance arrangements that empower people (especially women and young people) and help communities to choose and enact their own pathways to better health and sustainable development. Holistic approaches to poverty reduction are just as important at community level as they are at national and global levels. In marginalized communities problems such as food insecurity, maternal and child mortality, and resource scarcity are inextricably linked. Where these linkages are strongest, community-based, integrated approaches can create synergies by addressing multiple needs simultaneously. Models of cost-effective, integrated programmes that outperform single-sector approaches can be found in communities around the world.

All countries should identify ways of including relevant stakeholders in national consultation processes on how to implement the new development goals. Civil society is playing a critical role in implementing the MDGs. Development professionals could usefully consider how governments can adapt and scale up such civil society programmes and innovations. National parliaments should be included in consultation processes and public discussions in

order to gain their support for allocating more financial resources to health, social security, and the underlying determinants of health.

Adolescents are the next generation of adults and will have a major influence on the achievement of the post-2015 agenda. Empowering adolescents in their health development, including healthy sexual and reproductive health practices and avoidance of risks for NCDs, will enable them to enter adulthood with stronger overall capabilities, better equipped to make informed choices for themselves and their communities.

Financial resources and mechanisms

Long-term, predicable, and sustainable financing for health and development — from domestic as well as international resources (official development assistance and other external sources) — will be required to achieve the post-2015 development goals. Some contributors want the necessary financial mechanisms to be articulated as part of a post-2015 framework. The financing of health relates to both how resources are raised (who pays) and how they are spent. Many contributors stress the importance of financial risk protection: too many people today are pushed into poverty by catastrophic health expenditures.

Some inputs call for mechanisms or an investment framework to be incorporated to hold all countries to account for their financial responsibilities in building a shared future, articulating (for example) required national spending commitments, aid and development cooperation efforts, and funds committed to multilateral institutions. The suggestion is that this may build on existing pledges, for example that made in the Abuja Declaration for African governments to spend at least 15% of their budget on health, and the OECD countries' commitment to spend at least 0.7% of their gross national income on development assistance.

Some inputs advocate more efforts to address corporate tax avoidance, unfair taxation, rules of trade and finance, and sovereign debt relief arrangements. These offer huge potential to supplement public resource allocation and to mitigate the need for out-of-pocket payments and direct charges for health services.

Other contributions call for innovative sources of financing that provide incentives for progress, have a redistributive capacity, and support strategy implementation, particularly financial transactions taxes, transportation fuel taxes, and levies for the airline and shipping industries.

Contributors also point to the importance of increasing the efficiency of the allocation and spending of resources. "Value for money" based on investment strategies is an approach that is gaining support.

Harnessing the resources and expertise of the private sector and academia

Some inputs propose ways to stimulate the private sector to invest more resources in public health and to make better use of those resources. Discussions on the global and national governance of health need to involve the private sector to maximize its potential for enhancing public goods while diminishing its capacity for damage to public health. Some argue that greater recognition is needed of the potential benefits to health that the private sector can contribute, including in policy development; at the same time the private sector's roles and

responsibilities, and the duty of governments to regulate where private sector activities cause harm to health, need to be clarified. Like other stakeholders, the private sector appreciates clear, measurable, and specific objectives. Some contributors suggest that private companies might be incentivized to contribute more to public health, and other companies might be more prepared to follow industry leaders, if these potential benefits were better understood. Conflicts of interest must be carefully managed through transparency of stakes and clear and accountable decision-making processes.

Product development partnerships (PDPs) are a good example of initiatives in which the risks and costs are shared so that investments in research and development are made that would otherwise be hard to justify. The portfolio approach of PDPs such as the Medicines for Malaria Venture also leads to better use of resources.

Harnessing the resources and expertise of the private sector and academia has been crucial to progress already made in global health, including HIV/AIDS, maternal, newborn, and child health, and some tropical diseases such as onchocerciasis. This has been most successful when the above principles were followed.

In terms of development assistance for health, some inputs stress that funders should be more flexible in terms of channels and time frames, and focus on financing gaps identified in national health plans, to respond to country priorities and fund multisectoral approaches. This more effective allocation of resources should extend to the nature of the integrated programmes, allowing for an approach that goes beyond tangible service delivery inputs to include elements such as behaviour change and creation of demand for health services, as well as household inputs such as improved sanitation.

Accountability and improving measurement capacities

Numerous submissions to the health thematic discussion call for greater accountability and transparency, at all levels and by all actors. Past experience with promises of resources that did not materialize, or with inefficient use of resources and disappointing results, have led to a broad consensus that accountability mechanisms must be an integral part of a new framework.

Some recommend a stand-alone goal on accountability; others want to make "access to information" a goal in its own right. Some inputs note that using existing human rights mechanisms has proved inadequate and that the post-2015 framework offers an opportunity to create more effective accountability. Some call for global legal mechanisms to further define these responsibilities and so ensure accountability. Accountability discussions, however, are still nascent. There is no consensus yet on the nature and role of the mechanisms needed to foster effective accountability. Furthermore, given the limited experience with this relatively new idea, the obstacles to effective accountability are not yet well understood.

As noted in Chapter 3, one of the biggest omissions from the MDGs was a robust accountability mechanism. This was partially redressed later (in 2011) as part of the *Every Woman, Every Child* campaign. According to some contributors, this was a major turning point for the MDGs and an important lesson to be captured in the post-2015 process. Accountability cannot be addressed after the framework has been decided. The definition of the targets must take into consideration the indicators for measuring achievement.

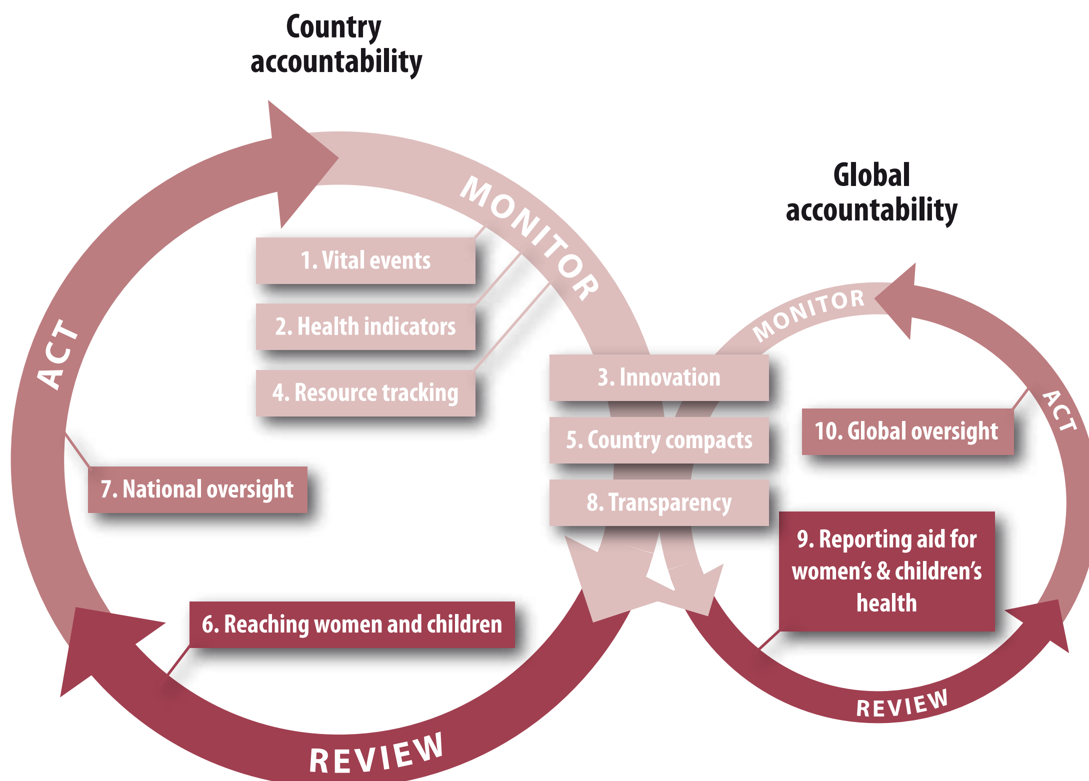
Monitor, review, act

In 2011 the UN Commission on Information and Accountability for Women's and Children's Health (the Commission) developed a process to improve national and global reporting, oversight, and accountability for women's and children's health. The Commission's report outlines ten ambitious recommendations to fast track urgent action needed to meet MDGs 4 and 5. These recommendations cover three broad categories: better information for better results; better tracking of resources; and better oversight of results and resources nationally and globally.

Some inputs note that the process of implementing the Commission's recommendations is creating a long-term foundation for greater accountability for health that could be of significant benefit for the post-2015 development agenda. For example, the report includes an inclusive, participatory monitor-review-act framework for women's and children's health (see **Figure 4**) that could be used to review progress towards the achievement of new health goals at the local, national, and global levels. Ensuring that accountability at national level comes first is of key importance. National parliaments should be at the centre of those efforts.

Another reason why accountability should be a major consideration from the outset is that it is an excellent opportunity to bring together the various initiatives to avoid fragmentation, duplication, and inefficiency. This was one of the recommendations in the first report of the

Figure 4. Accountability framework for women's and children's health



Source: Commission on Information and Accountability for Women's and Children's Health. *Keeping Promises, Measuring Results*. Geneva: WHO, 2011. Available at http://www.everywomaneverychild.org/images/content/files/accountability_commission/final_report/Final_EN_Web.pdf.

> Harnessing the resources and expertise of the private sector and academia has been crucial to progress in global health issues

independent Expert Review Group (iERG) published in September 2012. The iERG report also noted the difficulty of documenting precisely the progress made on the commitments pledged towards the Global Strategy on Women's and Children's Health, and highlighted the need for harmonizing the data standards of the multiple agencies.

Improving national health information systems

Harmonizing data standards is just one example of how to improve the timeliness, availability, and quality of health data, which many inputs to the consultation emphasize is a prerequisite for monitoring and measuring the progress towards any health goal. However, relatively few made significant proposals about how to measure progress given the weakness of some national information and statistical systems. Nonetheless, several contributors point out that investing in data collection is crucial to better understanding factors influencing health processes and outcomes among different population groups. Functional health information and statistical systems (including vital registration systems) are a precondition for monitoring progress on targets and indicators. More resources should be devoted to improving national civil registration (births, deaths, and causes of death) and timely, accurate data collection for reporting progress towards the health goals; this would involve strengthening both routine health management information systems and the frequency and quality of surveys. In order to design and implement effective development strategies, to monitor programme performance and impact, and to address disparities and inequities, disaggregated population data (by age, sex, disability, etc.) and appropriate analyses are needed.

Other contributions make the point that it is important not to let current weaknesses in data systems detract from the overall ambition of the post-2015 agenda, which should be driven by what can be achieved, rather than by what can be measured at the present time. Goals need to be chosen that are feasible to measure and monitor, but also ambitious, driving the future development of data availability. Country capacity to review and take remedial action needs to be improved.

Cooperation and coordination

Several inputs refer to the need to make more progress on MDG 8 (to develop a global partnership for development) because in their view it is a necessary precondition for achieving the other goals, and the least specific and therefore least successful MDG.

The Paris, Accra, and Busan declarations have established a clear framework for development effectiveness which needs to be robustly implemented, particularly with regard to development assistance for health. To create effective working relations in global health and development, the five principles within the Paris Declaration — ownership, alignment, harmonization, results, and mutual accountability — should be adhered to by

countries and development partners alike. An inclusive and participatory process used by International Health Partnership (IHP+) puts these principles into practice in the health sector by encouraging wide support for one national health strategy, one budget, one monitoring and evaluation framework, and a strong emphasis on partners holding each other to account.

Multi-stakeholder partnerships: global health leads the way

Since 2000 global health has had a number of successes in multi-stakeholder engagement, innovative financing, public-private partnerships, and civil society engagement. The *Every Woman, Every Child* campaign is an example of the progress that can be made when the private sector, civil society, States, and UN organizations work together. Other examples are the Partnership for Maternal, Newborn and Child Health and the Global Health Workforce Alliance. Harnessing the resources and expertise of the private sector and academia has been crucial to progress in global health issues, from HIV/AIDS to maternal, newborn, and child health.

An example of an innovative partnership is the GAVI Alliance (formerly the Global Alliance for Vaccines and Immunization) which brings together all the key players, including the vaccine industry, research and technical agencies, and civil society. The Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund) brings together at the country level a wide range of implementing government bodies, international development partners, national civil society organizations (including local media, professional associations, and faith-based institutions), the private sector, and communities living with or affected by the diseases. UNITAID is the first global health organization to use buy-side market leverage to make life-saving health products better and more affordable for low-income countries. Approximately half of UNITAID's finances come from a levy on air tickets.

The President's Emergency Plan for AIDS Relief (PEPFAR) was established in 2003 through legislation that authorized US$15 billion for HIV/AIDS and other related global health issues over five years. In 2008 the legislation was reauthorized, providing up to US$39 billion through 2013 for PEPFAR bilateral HIV/AIDS programmes as well as US contributions to the Global Fund. A recent evaluation by the Institute of Medicine has concluded that, overall, PEPFAR has reset the world's expectations for what can be accomplished with ambitious goals, ample funding, and humanitarian commitment to a public health crisis. Working with a wide range of international and local partners, PEPFAR has expanded HIV testing and increased the number of people living with HIV who are receiving care and being treated with antiretroviral drugs. In recent years PEPFAR has begun providing less direct support and more technical assistance and support for strengthening partner countries' health systems and capacity to lead their efforts, a shift that the report deems reasonable and appropriate. PEPFAR's guidance should reorient from prescribing specific activities to outlining key outcomes and enabling partner countries to determine how to prioritize their efforts to achieve these outcomes.

Innovative, multi-sector partnerships that align and coordinate efforts will be the cornerstone of action in future global health. New multi-sector partnership approaches have demonstrated the potential for transformational change by harnessing the skills of private sector actors and introducing new approaches that fundamentally alter global market dynamics to the lasting benefit of people in the developing world. A focus on market shaping is having a positive

impact on the price and availability of global public goods. This ensures that essential vaccines and medicines are increasingly accessible to those who need them most.

As the post-2015 agenda will have to address increasingly diverse and complex development challenges, it should include a strong call for building on and learning from innovative new development models that complement the work of the multilateral and bilateral systems. Arguably, it is in the health sector where public-private partnerships have had the most tangible success, demonstrating the potential of effective mechanisms to manage the complexity of 21st-century development challenges.

Global health architecture: in need of reform?

These considerable successes aside, several inputs express the view that the institutional architecture in global health requires major reform, noting that the disease-specific programmes, funds, and agencies created in the MDG era have led to both insufficient and duplicative uses of resources. A more substantive review of the present global health architecture is proposed. These inputs claim that success in global health will require comprehensive governance reform to break down the vertical barriers between diseases and health issues. Some contributors say that the world is becoming increasingly complex and that the key is to manage this complexity. Others counter that the assumption that disease-specific programmes are insufficient and duplicative is highly debatable, citing research showing how such programmes strengthen other non-disease specific projects.

On the other hand, there was considerable support in this consultation for clearly delineated roles and responsibilities (alongside appropriate safeguards) for all parties in the design, implementation, and evaluation of the post-2015 framework.

Some inputs emphasize that WHO, as the only multilateral agency able to set norms, standards, and surveillance for health, should retain a stewardship role and provide strategic direction for multiple stakeholders, with a robust framework for interaction. However, it is also critical that WHO works with the entire UN system (UNAIDS, UNDP, UNFPA, UNICEF, UN Women) and the World Bank.

The commitment, experience, and mobilizing capacity of civil society, NGOs, and faith communities play a key role in global health and development. This role includes: advocacy and awareness; technical and scientific support; policy setting, implementation, and monitoring; delivering vital resources and services; and acting as a watchdog for progress. A clear role for civil society will be crucial for supporting countries' achievement of global goals and targets. Some contributors call for greater attention to the need for increased capacity building and strengthening, as well as opportunities for local civil society to engage meaningfully in national consultation processes about how to develop and implement the new development goals.

Consideration should be given to the perspectives of marginalized groups in planning, monitoring, and evaluating efforts to achieve the post-2015 health goals at local, national, and global levels. For example, in relation to HIV, marginalized populations include sex workers, people who use drugs, men who have sex with men, transgender women, prisoners, and people with disabilities. At the national level this means involving civil society, indigenous peoples, and ethnic minorities in political processes so that marginalized communities have

the opportunity to articulate their own concerns and priorities to governments. Different population groups, such as women, children, young people, people with disabilities, migrants, and the elderly, should be represented. In addition, global governance for health should be underpinned by a shared vision, an overarching goal to improve health status, and mutual accountability for results.

In summary, many inputs into the consultation agree that the post-2015 development era should be open and inclusive, and should ensure ownership by, and participation and engagement of, all nations and stakeholders. Contributors stress the importance of adapting the global health architecture in order to better respond to countries' needs and priorities.

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8. Framing health in the post-2015 development agenda

"Human development as an approach, deals with what I consider the basic development idea: namely, increasing the richness of human life rather than the wealth of the economy in which human beings live, which is only a part of life itself." **—Amartya Sen, Nobel Prize winner for economics in 1998**

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." **—WHO Constitution**

With strong support from the global health community, nations have led the development successes of the MDG era and built the foundation for an unprecedented opportunity to achieve even more after 2015.

A clear message is emerging from the contributions to the health thematic consultation about how best to ensure the health of future generations. The responses to the consultation form the basis of the framework for health in the post-2015 development agenda proposed in this chapter. Recommendations are made to the UN Secretary-General and to the High-Level Panel of Eminent Persons concerning the need for more effective collaboration between health and other sectors, what the health goals could be, and how they could be implemented.

Health and the post-2015 agenda: inextricably linked

The post-2015 vision is of sustainable development, from a social, economic, and environmental perspective. Health is at the centre of sustainable development. One suggested vision statement is "Healthy Planet, Healthy People".

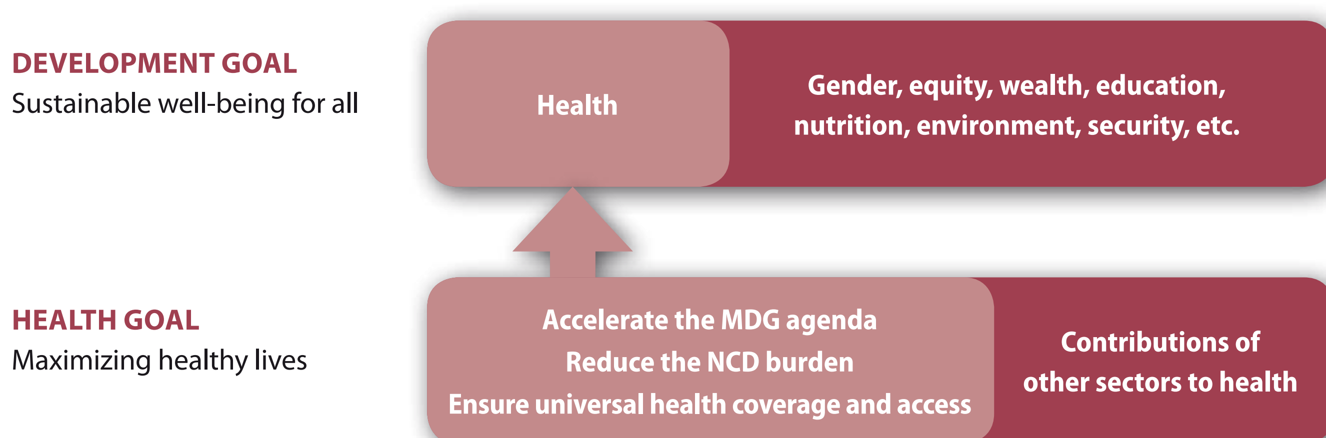
Healthy people contribute to sustainable development. Equally, policies that promote sustainability benefit human health. The state of a population's health, and how equitably health resources are distributed, provide a yardstick by which to assess progress across all aspects of economic, social, and environmental policy.

Better health is thus both an outcome of, and a prerequisite for, reducing poverty.

Placing health at the heart of the post-2015 development agenda will not only save lives and advance economic development, it will also contribute to environmental sustainability, and to the advancement of well-being, equity, and social justice.

A clear framework is needed to show how sustainable development differs from (and is preferable to) existing development models. The framework should define the role of health and describe how intersectoral action could be implemented. **Figure 5** illustrates both the contribution of the health sector to development, and the importance of other sectors to health and well-being.

Figure 5. Health in the post-2015 agenda



Sustainable well-being for all could be an overarching goal for the wider post-2015 agenda. This goal should recognize health as a critical contributor to, and outcome of, sustainable development and human well-being. This would answer the growing calls to look beyond a country's gross domestic product when assessing healthy growth and sustainable development, and to address issues of equity. It also acknowledges that good health is determined, not only by preventing and treating disease, but also by many other aspects of development, including education, gender equality, sustainable energy and nutrition, water and sanitation, and climate change adaptation and mitigation. Goals in these areas of the post-2015 agenda could include health-related targets to address the underlying determinants of health. For example, a goal for the environment could include a target to reduce indoor air pollution.

The new development agenda should clearly articulate and support the synergies between health and the other goals. The goals should be framed in such a way that their attainment requires policy coherence and shared solutions across multiple sectors: a whole-of-government or health-in-all-policies approach.

To promote such an approach, health actors should actively participate in the framing of goals, targets, and indicators in other sectors that have a significant impact on health. Similarly, actors from these other sectors should actively participate in framing the health agenda. A key outcome of this process should be that other development sectors' post-2015 frameworks articulate their contribution to better health outcomes and include accountability mechanisms to monitor, review, and improve on their progress.

Health goals for an evolving world: universal, equitable, people-centred, and results-oriented

The future goals for health should be universally relevant. Every country is home to families and individuals who lack the financial means, nutrition, medicine, or care to prevent, treat, or cope with ill health. Future health goals must reflect these universal realities, ensuring that equity (including gender equity) and human rights are properly addressed. However, no two countries are the same: future goals must therefore be adaptable to the circumstances of every country.

Equity should be cross-cutting and reflected in the goals and targets themselves. Explicit targets could be included to benefit the poorest, and for reducing inequities within and between countries.

Countries should develop targets relative to their own baselines and include indicators based on their priority health needs. However, a common set of tracer indicators is also desirable because a global measure of progress can only be synthesized from national data, and because comparisons between countries, especially within each region, can be a stimulus for progress. All countries will have to include this information and measure these indicators on a regular basis, using global measurement standards, to allow a "roll-up" of national data into global monitoring.

Maximizing healthy lives could be the specific health goal, in which the health sector would play a larger but far from exclusive role. This goal should include: accelerating progress on the health MDG agenda; reducing the burden of NCDs; and ensuring universal health coverage and access. Achieving better health at all stages of life (including crucial phases such as adolescence) is a goal that is relevant for every country. Interventions from all sectors of society will be required.

Efforts to **accelerate progress on the health MDG agenda** should build on national and global efforts that have already resulted in significant progress in reducing child and maternal deaths and controlling HIV, tuberculosis, malaria, and neglected tropical diseases. Rather than pulling back from these goals the new agenda should be even more ambitious, and reaffirm the targets of ongoing initiatives such as: ending preventable maternal and child deaths; eliminating chronic malnutrition and malaria; providing universal access to sexual and reproductive health services, including family planning; increasing immunization coverage; and realizing the vision of an AIDS- and tuberculosis-free generation.

Reducing the burden of major NCDs should be achieved by focusing on cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes (the four NCDs causing the most deaths), and mental illness. Some targets could be based on the World Health Assembly resolution of a 25% reduction of deaths due to these four NCDs by 2025. Other targets could be aimed at reducing morbidity and disability from NCDs (including mental illness) at all ages, and reducing the prevalence of related risk factors.

Ensuring universal health coverage and access is suggested as the key contribution by the health sector to achieving health goals and targets, but also as a goal in itself. Providing all people with access to affordable, comprehensive, and high-quality services that address

basic health requirements and national health priorities is a means to achieve better health outcomes. It is also a desirable goal in its own right because people value the assurance of access to a health system that prevents and treats illness effectively and affordably within their homes and their communities, with referral to clinics and hospitals when required.

Universal health coverage and access should include the whole continuum of care (promotion of health, prevention of ill health, treatment, rehabilitation, and palliation) through all stages of life. Promotion and prevention are key to the long-term sustainability of health services, especially in countries with rapidly ageing populations. Financial risk protection for everyone is necessary in order to prevent people from being driven into poverty or incurring catastrophic expenses due to the cost of health services.

Not just what, but how

Prioritizing and refining global health goals are essential steps towards sustainable development. Achieving those goals will require a strong and supportive environment and good governance.

Significant investments will need to be made in a well-trained, motivated, supported, and distributed health workforce, and in systems to generate, analyse, and apply data.

Success will depend on empowering communities and people as the agents of health change, engaging civil society and the private sector, and making wide social changes to overcome gender and ethnic inequalities, prevent discrimination, and realize the right to health.

Since civil society and the private sector are involved in the delivery of health services in many countries, the post-2015 health agenda should seek to ensure uniform quality standards and equity in the delivery of health and other essential social services, regardless of the sector of the service provider.

At both national and global levels, implementing the new agenda will demand partnerships, and more effective collaboration by different sectors to create and protect health; strong, participatory, and independent accountability mechanisms (including oversight structures); and an accelerated effort to strengthen and consolidate institutions responsible for delivering better health.

Management capacity, innovation, and inclusive and effective partnerships are all critical for the implementation and measurement of the health goals and targets. Strengthening national health information systems, as well as civil registration and vital statistics systems, is a prerequisite for measuring progress and increasing equity. Digital interconnectivity can catalyse transformation and enable the achievement of the goals.

Finally, the new development agenda should emphasize the crucial need to invest in effective communication, to evaluate what works, what doesn't, and why, and to share experiences of best practice.

9. The road to 2015

The Global Thematic Consultation on Health has greatly benefited from numerous inputs from Member States, civil society, the private sector, academia, foundations, national and global health leaders, and UN agencies, through written submissions and face-to-face meetings. The high level of participation reflects the great interest in the post-2015 agenda and the strong desire to ensure that health maintains its central position in national and global priorities for development.

Following the public consultation on a draft of this synthesis report, and the High-Level Dialogue in Botswana in March 2013, this report was finalized and submitted to the UN Secretary-General and the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda. The High-Level Panel will consider this input as it prepares its own report to submit to the UN Secretary-General in June 2013. The UN Secretary-General will also consider the health consultation's report as he prepares his own report to the planned special session of the UN General Assembly on the post-2015 agenda in September 2013.

However, for those who are keen to ensure that health features prominently in the post-2015 agenda, and that the right goals and indicators are set for health, the conclusion of the Global Thematic Consultation on Health is merely the "end of the beginning". Between now and 2015 the debate will continue. Even the UN General Assembly special session, although a key milestone, will represent only an early step in the process.

The consultation received a number of submissions concerning the key priorities for ensuring that health is properly considered in the final post-2015 agenda. First, the timeline for the MDGs has not expired. Significant progress on unrealized MDG targets can still be achieved between now and the end of 2015. The process of defining the post-2015 agenda must not detract from continuing efforts to reach the MDG targets by 2015, or indeed the continued building on the strong foundation established by the goals, as shown by the gains already made in women's and children's health, as well as in the control of HIV/AIDS, tuberculosis, and malaria. Efforts should be accelerated in all countries to optimize achievement of the MDG targets, particularly in those countries that are off track. This will be an important preparatory step to the implementation of the post-2015 agenda.

Second, the consultation has yielded a rich collection of viewpoints, not only on the role of health in the post-2015 agenda, but also on key challenges and opportunities for health in the second decade of the 21st century. This knowledge can be fed, not only into the High-Level Panel of Eminent Persons, but also into other processes that are considering the post-2015 era, such as the national consultations which remain to be held, the Sustainable Development Solutions Network (which also has a thematic working group on health), and the Open Working Group on Sustainable Development Goals, which convenes Member States.

> “the balance between making the case for the importance of health in the post-2015 agenda, and identifying which specific health targets or interests should be highlighted, must be carefully managed”

Third, most inputs into the consultation call for the processes relating to the Sustainable Development Goals and the post-2015 development agenda to be integrated as soon as possible. However, it is still not certain that this will occur. Consideration needs to be given to the importance of health in both processes, and how they might be integrated.

Fourth, the consultation has aimed to be as inclusive as possible. It is important that further work on defining the place of health in the post-2015 agenda continues to be open and inclusive, including reaching out to communities that have so far been silent or under-represented. A clear strategy is needed that aims more actively to engage specific communities and population groups (including young people and older people) throughout the process of developing and implementing the post-2015 agenda. Communication experts should be employed to assist in this process. Special attention should be given to building awareness at national and subnational levels, and more should be done to involve the very groups that the new agenda is intended to benefit.

Finally, the balance between making the case for the importance of health in the post-2015 agenda, and identifying which specific health targets or interests should be highlighted, must be carefully managed. Following on from this consultation, the health community should build internal consensus and propose strategies for articulating the ways in which health is a key contributor to, consequence of, and indicator of each of the dimensions of sustainable development. Negotiations within the health sector should not detract from its promotion of the central importance of health to people’s lives and aspirations.

The Task Team and supporting UN Agencies of the Global Thematic Consultation on Health express their sincere appreciation for the considered efforts of all who have contributed to this process so far, and look forward to their continued engagement to ensure that the right goals and indicators for health are included in the post-2015 agenda, through all processes leading up to the UN General Assembly special session in September 2013, and beyond.

Annex 1. Summary of written inputs into the consultation

The global thematic consultation on health has drawn a rich and varied range of inputs from many different stakeholders, reflecting the strong interest in health in the post-2015 development agenda.

This annex provides a summary of the written inputs that were used in the preparation of the synthesis report. One of the major challenges for the Task Team was to do justice in the report to the many inputs received. It is anticipated that the inputs received during the consultation will remain a resource for those discussing the post-2015 health goals as the debate moves forward. All inputs will be maintained on the website www.worldwewant2015.org/health.

In total, 1,569 individuals took part in 13 face-to-face consultations in Africa, Asia, Latin America, and Europe from the beginning of November 2012 to the end of January 2013. Several consultations were preceded by online surveys or other ways of contacting a wider constituency. Reports from all the consultations are publically available. A list of consultations is shown in Table 1, with links to the online documentation.

In response to the call for papers, more than 100 papers were submitted by academic institutions, governments, global agencies and partnerships, civil society organizations, and individuals. Many of the papers represented the consolidated position of a number of different organizations. A few papers did not meet the criteria outlined in the call for papers, and were not accepted for publication on the website. Table 2 lists the papers that are available on the website in alphabetical order by author/institution along with a summary of the main topics covered and a link to the document.

Table 1: Consultations

Consultation	Responsible organization(s)	Date	Location	Number of participants	Link to report
Central and Eastern European Health Consultation (participants from Azerbaijan, Bulgaria, Kazakhstan, Kyrgyzstan, Lithuania, Macedonia, Moldova, Poland, Romania, Russian Federation, Tajikistan, Ukraine, and Uzbekistan)	ASTRA Central and Eastern European Women's Network for Sexual and Reproductive Rights and Health	26–27 January 2013	Moscow, Russian Federation	21 participants from civil society organizations	http://www.worldwewant2015.org/file/313974/download/341408
Civil society consultation on health in the post-2015 development agenda	PROCOSI	January 2013	Bolivia	216 in four workshops	http://www.worldwewant2015.org/file/313416/download/340818
Civil society consultation from an HIV/TB and malaria perspective	STOP AIDS Alliance, ICSS, ICASO, UNAIDS	27 January 2013	Amsterdam, The Netherlands	60 civil society organizations	http://www.worldwewant2015.org/file/311569/download/338668
Online civil society consultation on global health in the post-2015 development agenda	CHESTRAD	December 2012–January 2013	Online	180 respondents, from 48 countries, 70% from sub-Saharan Africa	http://www.worldwewant2015.org/file/312868/download/340114
Member State consultation	WHO and UNICEF	14 December 2012	Geneva, Switzerland	Representatives from 38 Member States and five international agencies	http://www.worldwewant2015.org/file/298129/download/323446
Beyond 2014 Global Youth Forum	ICPD and UNFPA	3–6 December 2012	Bali, Indonesia	600	http://www.icpdyouth.org/uploads/Bali_Global_Youth_Forum_Declaration.pdf

Consultation	Responsible organization(s)	Date	Location	Number of participants	Link to report
Civil society consultation during GAVI partners' forum	Action for Global Health	5–8 December 2012	Dar es Salaam, Tanzania	28 in round table, 20 filmed messages, and 6 completed questionnaires	http://www.worldwewant2015.org/file/302509/download/328181
Consultation on health in the post-2015 development agenda, as a formal side event during the Prince Mahidol Awards Conference 2013	People's Health Movement	29 January 2013	Bangkok, Thailand	67	http://www.worldwewant2015.org/file/312870/download/340116
Open sessions on health in the post-2015 development agenda during the Second Global Symposium on Health Systems Research	WHO and UNICEF	3 October 2012	Beijing, China and webcast	500	http://www.worldwewant2015.org/file/292793/download/317474
The role of the private sector in the post-2015 health agenda: inaugural working session	GBCHealth	1 November 2012	Amsterdam, The Netherlands	14	http://www.worldwewant2015.org/node/283890
Health in the post-2015 development agenda	Swedish International Development Cooperation and the Swedish Ministry for Foreign Affairs	18 December 2012	Stockholm, Sweden	40–45	http://www.worldwewant2015.org/file/301264/download/326793
Consultation on the post-2015 development agenda	Aspen Institute	12 December 2012	Washington DC, United States of America	36	http://www.worldwewant2015.org/node/302516

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Table 2: Submitted papers

Organization(s)/ Author(s)	Title and link to paper	Summary
AbouZahr C	Health in the post-2015 UN development agenda: identifying goals, indicators and targets: key questions http://www.worldwewant2015.org/file/276293/download/299555	Critique of the process for selection of MDG goals, targets, and indicators. The post-2015 agenda should incorporate additional issues and indicators relevant to all countries, address measurability, and build health information systems.
Action for Global Health	Action for Global Health's answers to the global consultation on health http://www.worldwewant2015.org/file/295605/download/320484	UHC must be included in the future framework and measured with indicators that look, not only at the delivery of health care, but also at access for vulnerable groups and at health financing that respects the principles of equity, solidarity, and accountability.
Adaptive Knowledge Management, Canada (Thomson AJ)	Preparing for cross-sectoral action for health in the post-2015 development agenda http://www.worldwewant2015.org/file/291897/download/316460	Discusses the positioning of health in the 18 think pieces produced by the UN System Task Team. Argues that the health sector faces two major challenges: intersectoral competition and lack of recognition by other sectors.
Advocates for Youth	Young people's sexual and reproductive health and rights: a critical component of health for the post-2015 development agenda http://www.worldwewant2015.org/file/298829/download/324188	Young people must be engaged meaningfully in the development of the post-2015 agenda. The post-2015 agenda should ensure respect for the diversity of all young people and protect and promote their universal human rights and fundamental freedoms. Targets and indictors should measure progress towards advancing sexual and reproductive health and rights and promote and support youth-specific research and age- and gender-disaggregated data. Laws, regulations, and policies should seek to remove obstacles and barriers that infringe on the sexual and reproductive health and rights of young people.
Altice F, Dvoriak S, Kamarulzaman A, Kinner S, Prashad L, Singh P, Smith-Rohrberg D, Yaqubi A	The incarceration pandemic and global development: metrics for prison reform http://www.worldwewant2015.org/file/300223/download/325681	Prisoners are among the world's most vulnerable and medically and socially marginalized populations. Incarceration disproportionately affects ethnic and racial minorities, individuals suffering from mental health problems, substance dependence, and infectious diseases, and individuals living in poverty. There is a need for increased attention to the health of prisoners which is currently under-funded and under-researched. Prisoner health and prison reform are central to addressing global health disparities.
Alzheimer's Disease International	Alzheimer's Disease International submission for Millennium Development Goals post-2015 http://www.worldwewant2015.org/file/300172/download/325629	Population ageing and NCDs are taking over as the lead drivers of the global burden of disease. The issue of dementia which is largely driven by the ageing demographic must be included in any consideration of health in the post-2015 agenda given its impact on the health and well-being of sufferers, their carers, and on broader social and economic development.
Beyond 2015	The post-2015 development agenda: what good is it for health equity? http://www.worldwewant2015.org/file/300161/download/325618	Health should remain an integral part of the post-2015 development framework, both as a right in itself and as a contributor to other development sectors. The new framework should be universal in scope and address the root causes of poverty and structural power imbalances. Reducing health inequities must be an explicit outcome. Comprehensive approaches that address the underlying determinants of health are required. There must be broad participation in the monitoring of the new agenda and clear financing and governance mechanisms to oversee implementation.

Organization(s)/ Author(s)	Title and link to paper	Summary
Bill and Melinda Gates Foundation	Health in the post-2015 development agenda http://www.worldwewant2015.org/file/298205/download/323524	The new agenda should continue to work towards the eradication of extreme poverty and its manifestations, with a focus on health issues that disproportionately affect the poorest: high-burden communicable diseases, nutritional deficits, maternal deaths, and preventable child deaths. Cautions against an overarching health goal that covers such a long list of issues that it is impossible to set any order of priority. With regard to indicators, UHC is seen as reflective of means rather than ends. Life expectancy is slow to change and fails to capture the impact of direct health interventions because it is a summative indicator of progress across multiple sectors.
Centre for International Governance Innovation and the Korea Development Institute (Bates-Eamer N, Carin B, Kapila M, Lee MH, Wonhyuk L)	Post-2015 development agenda goals, targets, and indicators: special report http://www.worldwewant2015.org/file/291886/download/316448	Argues that the post-2015 agenda should move beyond the "meeting basic human needs" approach and adopt a more dynamic, inclusive, and sustainable approach. Future goals must reach beyond traditional development thinking to become sustainable "one-world" goals that apply to poor and rich countries alike. The health goal should focus on productive life expectancy, for both rich and poor. Proposes hierarchy of indicators for each of the 11 "one-world" goals.
Christian Medical Fellowship	Faith matters: the contribution of faith to health and health care in the post-2015 agenda http://www.worldwewant2015.org/file/299297/download/324694	Faith-based organizations (FBOs) make an enormous contribution to health care. They possess knowledge relevant to local populations' needs, are likely to have a sustained presence, can reach marginalized groups, and have an in-depth understanding of the real needs of local people. The post-2015 framework should recognize the role of FBOs and adopt a holistic approach to health and development, acknowledging that physical, emotional, social, environmental, and spiritual factors all play a part in health and well-being.
Clift C	Is universal health coverage good for health? Universal health coverage and the post-2015 development agenda http://www.worldwewant2015.org/file/299639/download/325066	Cautions against embracing UHC as a principal goal. What matters is not just the availability of care but also its quality. This implies the need to provide trained staff, equipment, medicines, and preventative and rehabilitative services: in other words a well-functioning health system. Moreover, it is essential to address the underlying social and economic determinants of health which are not covered in the UHC framework. WHO should focus on setting and achieving outcome indicators (such as healthy life expectancy) without prejudging the most effective way of attaining these outcomes. This would require a combination of actions within the health sector, and outside it, the precise form of which would depend on country circumstances and socioeconomic configuration.
Countdown to 2015: Maternal, Newborn and Child Survival Initiative	Countdown to 2015 position statement on the post-2015 discussions http://www.worldwewant2015.org/file/300590/download/326063	Monitoring and measuring are critical functions without which there would be no accountability. Alongside global monitoring, it is important to expand the focus on evaluating country level progress and to build capacity at country level for assessing data quality, and using data for decision-making, including for routine programme monitoring purposes. While broader health and development goals such as life expectancy or UHC have a role to play it is essential to maintain tangible sub-goals concerning the health and survival of women and children in order to hold governments and the global community to account for progress.

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Organization(s)/ Author(s)	Title and link to paper	Summary
Department of Community and Global Health, Graduate School of Medicine, the University of Tokyo, Japan (Amiya RM, Jimba M, Saito J, Saw YM, Sunguya BF, Yasuoka J)	"Off-track" on the health-related MDGs, but with improving equity in Africa http://www.worldwewant2015.org/file/294183/download/318924	Argues that the "off-track" designation of countries that have not achieved the MDG targets is a discouraging mark of "failure" that may mask real achievements in countries that face daunting challenges to health and development. Instead of a simple "pass-fail" dichotomy there is a need for a different yardstick giving greater visibility to progress in reducing inequities. This would offer a more meaningful picture of what countries have achieved.
Deutsche Stiftung Weltbevölkerung	Global, sexual, and reproductive health in the post-2015 development framework http://www.worldwewant2015.org/file/298825/download/324184	The new development framework must address global challenges and be applicable to all countries. It should recognize: health, including sexual and reproductive health and rights, as a right in and of itself; poor health as a cause and consequence of poverty; and health as key to promoting equity and sustainable development. Access to UHC and reproductive health and rights should be firmly embedded as a means of realizing the right to health and improving health outcomes for all.
Deutsche Stiftung Weltbevölkerung	HIV, health, and the post-2015 development agenda http://www.worldwewant2015.org/file/309275/download/336059	This paper supports the continued prominence of HIV in the post-2015 agenda. In order to prevent and eventually eliminate HIV and AIDS sexual and reproductive health and rights must be at the core of the HIV response, especially where young people are concerned. Despite impressive successes in reducing the number of new HIV infections and increasing the numbers of people living with HIV on ARV therapy, universal access has not yet been accomplished. HIV prevention R&D has to remain a paramount target in the fight against the epidemic after 2015. Among the other areas citied as important is sufficient funding for research efforts into providing adequate paediatric ARV formulations.
Development Media International (Head R, Snell W)	Health in the post-2015 development agenda http://www.worldwewant2015.org/file/292907/download/317594	The focus on strengthening health systems in developing countries has caused the global health community to underplay the importance of the demand for health care and healthy behaviours. Improved health outcomes are dependent on the supply side, but are equally dependent on the demand side (how, and to what extent, people use health services) which is inextricably linked to underlying behavioural and social determinants of health. Attitudes, belief, and behaviours can be changed using mass media.
Doctors of the World; Centre for Health & Social Services, medicusmundi international network; Management Sciences for Health, Action for Global Health, Save the Children, Oxfam	Civil society call to action on UHC http://www.worldwewant2015.org/file/300276/download/325736	A common statement on UHC from a group of NGOs asking for greater political support and promoting a joint movement for UHC. Argues that Member States can only deliver universal access to health systems if they develop sustainable financial health mechanisms to support strong and equitable national health systems. To make UHC a reality, there is still the need for greater political will both at national level — to put in practice the reforms needed — and at international level to promote and revitalize a general consensus towards "health for all", facilitating technical support and additional resources. Making progress towards UHC will accelerate social and economic growth, is fundamental to sustainable development, and is fair.

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Drugs for Neglected Diseases Initiative	Health priorities and future health goals post-2015 http://www.worldwewant2015.org/file/301045/download/326554	There is a need for increased research and development into treatments, vaccines, and diagnostics for tropical diseases which are neglected because of market failures: the majority of people affected in developing countries are not of interest to the pharmaceutical market. As a result, innovation is not necessarily adapted to their needs, and existing technologies are often out of reach due to high prices. The success of the MDGs in facilitating global coordinated efforts, mobilizing resources, and raising the sense of urgency needs to be extended in the post-2015 agenda to increase investment in neglected diseases.
Ecumenical Advocacy Alliance	Post-2015 health consultation: response from the Ecumenical Advocacy Alliance http://www.worldwewant2015.org/file/299299/download/324696	Experience with the response to HIV highlights the need to promote and act upon the linkages between HIV and human rights, gender, sexual and reproductive health, maternal and child health, TB, and hunger/nutrition. The failure to address these linkages is a fundamental flaw of the MDG framework that needs to be remedied in the post-2015 agenda. Articulating and building upon the synergies between the individual goals provides multiple opportunities for coordination and efficiency, thus benefiting all three pillars of sustainable development as well as the MDGs.
European Association for the Study of the Liver (EASL)	EASL submission to the health in the post-2015 development agenda http://www.worldwewant2015.org/file/300208/download/325666	In many cases, infectious and chronic diseases are interlinked, such as viral hepatitis which is linked to liver cancer. A major failing of the MDGs was the lack of attention to viral hepatitis (specifically hepatitis B and C). The disease-focused approach of the MDGs has prevented viral hepatitis patients from obtaining life-saving access to antiviral drugs unless co-infection with HIV or TB exists, despite the fact that the same drugs are used to treat both HIV and HBV.
Federal Ministry for Economic Cooperation and Development (BMZ), Germany, Division 202 (Health and Population Policy)	Health in the post-2015 development agenda http://www.worldwewant2015.org/file/295606/download/320485	Analytical summary of the benefits and problems associated with the MDGs. Future health goals should focus on improving health for the most vulnerable people: women, children, and persons with disabilities, in developing and developed countries alike. Extending women's reproductive rights and access to education is crucial. A stronger focus on early childhood development would help reduce health inequalities in adulthood. Although NCDs will be a huge challenge for health systems everywhere, adding them to the post-2015 agenda could lead to a crowding-out effect in terms of financial and staff resources for quality basic health services. Tackling NCDs may be best achieved through preventive measures.
Federal Ministry for Economic Cooperation and Development (BMZ), Germany, Division 202 (Health and Population Policy)	Overcoming verticality and integrating health approaches: the rationale for linking HIV and sexual and reproductive health and rights http://www.worldwewant2015.org/file/309272/download/336056	Despite several international declarations that recognize the interrelationships between the three health MDGs, donors and national governments have only dealt with these goals in parallel. The consultation around the post-2015 development framework provides an opportunity to once more emphasize the need for comprehensive integrated sexual and reproductive health and HIV services, and to take account of missed opportunities caused by insufficient practical attention to these interrelationships. This paper argues in favour of an agenda that seriously promotes the implementation of the above-mentioned agreements and obligations.

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Framework Convention Alliance (FCA) on Tobacco Control	FCA views on the post-2015 development agenda http://www.worldwewant2015.org/file/300174/download/325631	Tobacco use is one of the greatest threats to public health globally and undermines sustainable development by increasing absenteeism, killing workers during their most productive years, and diverting resources from education and food. If countries are to take ownership of the post-2015 development agenda on health, it must be aligned with the health objectives already agreed and endorsed by the international community, such as the accelerated implementation of the WHO Framework Convention on Tobacco Control.
Francis KK	Think paper on the health and other MDGs in the post-2015 development agenda http://www.worldwewant2015.org/file/302520/download/328193	The international development system must provide concerted and harmonized support to local NGOs and community groups, which are better placed than national governments to support those in need and to ensure that such support is relevant, targeted, and free from corruption and vested interests.
Fundación para Estudio e Investigación de la Mujer (Bianco M, Moore SMA)	Experience-based proposals for achieving long overdue goals in maternal and reproductive health and HIV/AIDS http://www.worldwewant2015.org/file/298827/download/324186	Integrating all components of sexual and reproductive health and rights is the most effective way to address and fulfil the needs and rights of all populations. Efforts to address the MDGs must adopt an integrated and comprehensive approach that takes into account factors such as gender inequalities, the implications of diverse sexual preferences and identities, myths and taboos around sexuality and HIV that deter effective prevention, political contexts plagued by punitive legislation and lack of political will and accountability, and economic contexts characterized by inadequate investment in health, gender equality, and social justice.
GAVI Alliance (Berkley S)	The post-2015 development agenda: initial views http://www.worldwewant2015.org/file/298207/download/323526	It is essential to shape the vaccine and health commodity market to better serve the interests of the developing world and increase access to new vaccines for children. The post-2015 agenda should adopt an indicator on the "fully immunized child". Success would be achieved when all 11 antigens universally recommended for all infants become part of routine immunization programmes everywhere in the world. A "fully immunized child" indicator would help monitor progress across a number of areas of development, including the strength of health systems, equity, human rights, and child survival.
German Platform of Developmental and Humanitarian Nongovernmental Organizations	Health in the post-2015 development framework http://www.worldwewant2015.org/file/300163/download/325620	The health MDGs galvanized political support and investment in health. The MDG commitments must be incorporated into the new framework, but addressed as part of a more inclusive approach that recognizes the links across development issues, including nutrition, gender equality, youth empowerment, population dynamics, water and sanitation, migration, trade, research and development, and education. Health should be incorporated into all policies, and attention should be directed to including health issues that were missing from the MDGs, including NCDs and sexual and reproductive health and rights.
Gillies R, Greenberg SLM, Hagander LE, Maine RG, Meara JG	Surgery: A post-2015 Millennium Development Goal priority http://www.worldwewant2015.org/file/298620/download/323964	A considerable portion of premature death and disability globally is due to surgically treatable conditions, yet human resources and funding for surgical infrastructure lag behind most other public health priorities. Incorporating surgical access and quality into the post-2015 health and development agenda could help catalyse a more effective global response to challenges.
Global Alcohol Policy Alliance	Alcohol: a key determinant for ill health and an obstacle to development http://www.worldwewant2015.org/file/300173/download/325630	Calls for more attention to the health and social problems caused by alcohol consumption. Alcohol is a leading risk factor for NCDs and other health problems. Health and other problems created by alcohol use add to the burdens of poor people, generate substantial problems for society, and are a stumbling block to development.

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Global Doctors (Aaroenaes KS, Borst L, Ertner G, Hansson L, Lunding KB, Nissen LN, Rosenborg SL, Soerensen BL)	Strengthening human resources for health: a cornerstone of achieving health for all http://www.worldwewant2015.org/file/298619/download/323963	Health workers are the core of the health system, being both the possessors of knowledge needed to treat existing conditions and the agents of change to deal with future challenges. Strengthening human resources for health, especially in a primary health care setting, is an essential development goal and can serve as an indicator of the broader goal of ensuring UHC.
Global Health and Diplomacy (Agarwal K, Kaser M, Maguire M, Teuscher T)	Health in the post-2015 development agenda: improving livelihoods beyond 2015 http://www.worldwewant2015.org/file/300589/download/326062	The strong emphasis in the MDGs on improving health through access to intensified disease control resulted in the neglect of social determinants of health. While focused investments on a limited number of development goals, including malaria, has achieved significant improvement in child survival, there have not been concomitant improvements in living conditions that would allow surviving children to live up to their full potential. Improvements in people's living conditions, assessed by reduced stunting prevalence and/or high food security index, have not been achieved. Nor has the MDG focus provided incentives for governments to strengthen poverty-mitigating policies. Malaria elimination should be integrated into development policies focused on stimulating sustainable economic growth.
Global Health Technologies Coalition	Research and sustainable development: how research and development for new, innovative health tools can help inform the post-2015 development agenda http://www.worldwewant2015.org/file/300219/download/325677	Draws attention to the critical role of research and development in providing the evidence, tools, and technologies needed to maintain current gains and tackle emerging health issues beyond 2015. Research not only has direct benefits for health but also contributes to economic development and poverty alleviation.
Global Health Workforce Alliance	Human resources for health: critical for effective universal health coverage http://www.worldwewant2015.org/file/298618/download/323962	Only by overcoming the crisis in human resources for health will it be possible to achieve global goals related to individual diseases or population subgroups. An adequate health workforce is a precondition for delivering essential health services and improving health outcomes. There should be a specific benchmark on human resources in the post-2015 development agenda. Current indicators focus on the physicians, nurses, and midwives needed to deliver services relevant to the health MDGs but these are no longer adequate to deal with emerging health needs. It is equally important to tap the potential contribution of community-based and mid-level health workers.
Global Network on Health Equity	Consensus statement on UHC as a shared global developmental goal http://www.worldwewant2015.org/file/299638/download/325065	Embedding progress towards the attainment of UHC as a common global priority and development goal in the post-MDG framework would address a longstanding failure of the global development agenda to incorporate the internationally accepted rights to effective and equitable access to health-care services, and security against the financial risks of illness, as basic elements of human well-being. These rights have long been recognized as fundamental; when implemented through universal health-care systems they provide a platform for accelerating progress towards the existing health MDGs and the broader poverty reduction objective. However, there are challenges in developing feasible indicators and targets covering all dimensions of UHC.

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Go4Health	The post-2015 international health agenda: universal health coverage and healthy environment, both anchored in the right to health http://www.worldwewant2015.org/file/299637/download/325064	An aggregate health goal such as UHC would be an improvement on the current set of disparate goals, but is not sufficient to ensure the right to health. People also need a healthy natural and social environment (e.g. safe drinking water and good sanitation, adequate nutrition and housing, safe and healthy occupational and environmental conditions, and gender equality). It is not enough to specify people's entitlements; equally important are accountability mechanisms to allow people to claim national public resources and international assistance. The post-2015 health development goals should be articulated in collaboration with the people whose health is at stake, rather than being imposed in a top-down manner by policy elites. Truly participatory consultations take time and require a continuing relationship between researchers, governments, civil society, and communities.
Health & Development Network, Global Health Minders, NCD Alliance Denmark	The role of health in the post-2015 agenda http://www.worldwewant2015.org/file/300169/download/325626	The future health agenda must take on emerging challenges including NCDs. It is important to avoid unhelpful competition between communicable and noncommunicable disease interests. Health goals must include both equity of access and health system strengthening, as well as disease-specific incidence reductions. Indicators should measure the state's capacity for and effectiveness in enforcing its policies.
Health and Fragile States Network	The case for new approaches for support to the health sector in fragile states http://www.worldwewant2015.org/file/301041/download/326550	Given the lack of sustained progress towards the MDGs and other health goals in fragile states, the MDGs cannot be met globally. Progress in such settings depends on achieving a better balance between short-term reactions to meet humanitarian needs and longer-term development support for building sustainable health systems. Governments, donors, and other stakeholders should support actions to develop a health framework that is national in scope rather than focused on stand-alone project-oriented approaches.
Health Poverty Action	Health in the post-2015 development agenda http://www.worldwewant2015.org/file/300159/download/325616	The post-2015 framework should have the overarching aim of improving human well-being, which could help mitigate the overly narrow, target-driven approach that characterized the MDGs. The new framework must address health equity. The measurement of progress must be disaggregated by income, gender, and ethnicity. Health should be seen as an issue which cuts across a number of policy areas, reflecting the broad range of social determinants of health. Specific goals for health should include UHC, but should also focus at a wider level on a broader measure of health and well-being, such as disability-adjusted life years.
HelpAge International	Health in the post-2015 development agenda http://www.worldwewant2015.org/file/296110/download/321046	Although infectious diseases and maternal and child health issues predominate in the MDGs, they are no longer the largest cause of the burden of disease in any global region except sub-Saharan Africa because of the growing impact of NCDs which now affect all regions of the world, rich or poor. A suitable target for the post-2015 framework should combine life expectancy from birth with healthy life expectancy. This will enable the achievement of a target that aims for the progressive realization of access to health (and development) for all, which is universal and simple both to map and understand.

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High-Level Task Force for the International Conference on Population and Development (ICPD)	Health priorities post-2015: what is the priority health agenda for the 15 years after 2015? http://www.worldwewant2015.org/file/298824/download/324183	The empowerment of women and girls and gender equality, the human rights and empowerment of adolescents and youth, and sexual and reproductive health and rights should be reflected in the post-2015 agenda as core elements of human rights and human security. Fully enabling the realization of sexual and reproductive health and rights is not only an ethical and human rights imperative in its own right, it is also crucial to all other aspects of health and well-being and a prerequisite for achieving gender equality, and educational, economic, and sustainable development objectives.
Interagency group of Better Care Network, Consortium for Street Children, Family for Every Child, Save the Children, SOS Children's Villages, and World Vision	Protect my future: the links between child protection and health and survival in the post-2015 development agenda http://www.worldwewant2015.org/file/300185/download/325642	Highlights the strong inter-dependence between goals on health and child survival and the protection and care of children. Economic and social factors such as neglect, poor quality child care, early marriage and sexual abuse, and hazardous child labour, all underlie poor health outcomes and adversely affect the achievement of health targets. There should be an explicit target on child protection as an integral component of the post-2015 agenda that will contribute significantly to improved health and development for children and families.
International Center for Alcohol Policies (Grant M, Martinic M)	Harmful alcohol consumption, NCDs, and post-2015 MDGs http://www.worldwewant2015.org/file/296111/download/321047	Proposes a new conceptual approach for addressing behavioural risk factors. The public health discourse on alcohol has been dominated by a perspective that favours the clinical paradigm of reduced exposure as the basis for policy. This involves increasing prices through taxation, reducing availability, and banning advertising and promotion. However, a clinical model may not always be the best approach when dealing with human behaviour. The paper proposes instead recognizing that addressing health priorities is a shared responsibility across society, including non-traditional stakeholders such as producers of beer, wine, and spirits. Such an approach builds goodwill and has helped harness the resources of the private sector for the public good.
International Development Law Organization	Health and law in the post-2015 development agenda http://www.worldwewant2015.org/file/300221/download/325679	The MDG framework failed to integrate Member States' obligations under international law on health and development to engage the international human rights system. Furthermore, while the importance of accountability and access to justice in the context of health has been articulated, existing standards and principles have not been enforced. The post-2015 development agenda on health must include a clear reference to the right to health under international law, and linkages with the relevant UN human rights conventions and mechanisms.
International Diabetes Federation	Global thematic consultation on health http://www.worldwewant2015.org/file/300171/download/325628	The post-2015 agenda must include action to address diabetes and other NCDs. The approach to health post-2015 must drive integrated health systems and health promoting environments. An overarching health goal is required that measures progress in the health status of people and that includes specific targets on NCDs, including diabetes, and other priorities.
International Disability Alliance	The need for inclusion of persons with disabilities in the post-2015 development framework on health http://www.worldwewant2015.org/file/300194/download/325652	Calls for a human rights approach to strengthening health systems in ways that are inclusive of persons with disabilities, making sure the health system is non-discriminatory, inclusive, accessible, and participatory for persons with disabilities and others, such as women, children, older persons, and indigenous peoples.
International Epidemiological Association (Buffler P, Ebrahim S, Mandil A, Olsen J, Pearce N, Saracci R, Victora CG)	Health in the post-2015 development agenda: a position paper http://www.worldwewant2015.org/file/292903/download/317590	Calls for greater inputs from technical experts in the formulation of health-related post-2015 goals, targets, and indicators. Proposes a single overarching health goal of life expectancy at different ages (at birth and age 40) to reflect changing patterns of mortality. UHC has potential as a secondary health goal, but this paper cautions that coverage of care is only a means to improve population health, not an end in itself.

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International Medical Cooperation, National Center for Global Health and Medicine	Quality health service for all http://www.worldwewant2015.org/file/299640/download/325067	Highlights the importance of front-line health service provision in the context of health system strengthening. While UHC is a strong candidate for the post-2015 health agenda, its current focus is largely on the financial aspects. Yet country experiences demonstrate that strengthening health systems at the field level is equally important.
International Organization for Migration	Health in the post-2015 development agenda: the importance of migrants' health for sustainable and equitable development http://www.worldwewant2015.org/file/292902/download/317589	Calls for inclusion of migration and migrants' health in the post-2015 development framework. The post-2015 UN development agenda must encourage the collection and harmonization of data on health, disaggregated by gender, age, socioeconomic status, as well as migrant type and legal status.
International Pharmaceutical Federation	Health in the post-2015 development agenda http://www.worldwewant2015.org/file/298624/download/323968	The post-2015 framework should focus on the health-care system as a whole as an effective way to ensure the sustainability and comprehensiveness of health improvement. Health priorities post-2015 must be based on a holistic approach that links individual risk factors with social, economic, and environmental determinants of health. More attention is needed to enhancing well-being through a person- and population-centred approach. This will require strengthening health systems and ensuring that countries have a sufficient and competent health workforce able to provide services and leadership in response to societal and health-care system needs. The concept of universal coverage should not be limited to the provision of medicines but should also pay attention to responsible use.
International Planned Parenthood Federation	Framing the future health goal: how does health fit in the post-2015 development agenda? http://www.worldwewant2015.org/file/298826/download/324185	The post-2015 framework should reflect the inextricable nature of social and economic aspects of development, and highlight the importance of social determinants of health and well-being. Greater emphasis should be placed on health promotion and preventive interventions, such as family planning and sexual and reproductive health information and services. Priority should be given to social protection to address the financial risks of ill health and to reduce the impact of ill health on other areas of development and rights. A new core dimension of "country ownership" should be added. Measures to enhance sustainability, at national level, must include investments in population data collection and management.
International Union for Health Promotion and Education, Student and Early Career Network	Concept note on health in the post-2015 development agenda http://www.worldwewant2015.org/file/300187/download/325644	While increasing attention to health systems strengthening in global health and development discourse is welcome, it is also important to harness the health-generating potential of other actors and institutions. The authors propose that health promotion could offer a complementary strategy, through its explicit focus on the upstream distal determinants of health, and its use of bottom-up empowerment strategies such as community engagement and participation.
Ipas	Sexual and reproductive health and rights: an essential component of the priority health agenda for 2015-2030 http://www.worldwewant2015.org/file/294184/download/318925	The post-2015 development agenda should give priority to areas that received the least attention in the MDG framework. Within an overarching health goal, sub-goals and targets related to sexual and reproductive health and rights should be incorporated so as to focus more attention on the neglected MDGs, including maternal, newborn, child, and adolescent health, gender equality, gender equity, and women's empowerment. A human rights-based approach should underlie all goals, targets, and indicators to promote accountability, participation, transparency, empowerment, sustainability, non-discrimination, and international cooperation.

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Joint Action and Learning Initiative on National and Global Responsibilities for Health	The Framework Convention on Global Health (FCGH) and the post-2015 development agenda: incorporating the principles of an FCGH into the new development goals http://www.worldwewant2015.org/file/292909/download/317596	Calls for a more participatory process in developing goals, targets, and indicators and for more time to enable greater community engagement. Calls for more robust compliance strategies, including rigorous reporting, monitoring, and evaluation, with community and civil society participation and national plans of actions to implement the goals. Supports healthy life expectancy as a post-2015 indicator but urges that it be disaggregated across populations to identify those areas in which progress is lagging.
Lifebox Foundation, Royal Devon and Exeter NHS Foundation Trust (Kessler S, Reshamwalla S, Wilson I)	Health priorities post-2015: surgery must feature on the priority health agenda for the 15 years after 2015 http://www.worldwewant2015.org/file/296113/download/321049	The key message is that improving access to surgery is both necessary and possible and should be included in health strategies in the post-2015 agenda. Surgery has been overlooked as a health priority due to the inaccurate perception that it is a high-cost intervention benefitting only a limited proportion of the population. Not only is surgery important for attaining the MDGs but it is also key to preventing premature mortality and disability due to accidents, injuries, and trauma. The paper notes the challenges in providing better access to surgery in parts of the world where specialist skills are in short supply and poorly distributed. However, potentially powerful interventions such as task-shifting can help address this.
Management Sciences for Health	Recommendations on post-2015 development goals: universal health coverage with key provisions for equity and measurable targets to improve health and deliver effective and sustainable solutions http://www.worldwewant2015.org/file/295604/download/320483	The health-related MDGs have played a significant role in galvanizing investment in health. These commitments must be continued in the post-2015 framework with a focus on the groups, regions, and targets that have fallen furthest behind. UHC is recommended as the overarching health goal. It must address equity, human rights, and an integrated approach to achieving better health outcomes and long-term impact. Human rights should underpin the new framework.
Marie Stopes International	Health in the post-2015 development agenda http://www.worldwewant2015.org/file/292913/download/317600	Analysis of the links between different aspects of development and how best to formulate a coherent set of goals without losing sight of the linkages between them.
Medical Mission Institute (Rüppel J)	Some reflections on the role of health in the future development agenda http://www.worldwewant2015.org/file/299298/download/324695	The post-2015 agenda should include universal coverage of effective services for prevention, treatment, care, support, and rehabilitation of all life-threatening diseases. Health is both a basic need for all people and a pre-condition for satisfying other fundamental needs. Notwithstanding the primary duty of national governments, the right to health must be understood as a shared responsibility and common task of the international community as a whole. Health exemplifies the importance of building societies on ethical values, such as solidarity and justice for all.
Medsin-UK (Cantley N, Watkinson-Powell A)	Framing the future health goal: how does health fit in the post-2015 development agenda and how can we measure it if it does? http://www.worldwewant2015.org/file/296114/download/321050	Proposes integration of health within sustainable development goals on the ground that the components of sustainable development – economic development, environmental sustainability, and social inclusion – encompass the same underlying factors that determine population health. The post-2015 agenda must include integrated measures of health and environmental sustainability as indicators of progress, with the recognition that economic progress alone is not a sufficient marker of sustainable development. Calls for greater attention to mental health and NCDs, and identifies the use of tobacco and alcohol as underlying determinants of health.

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NCD Alliance	Position paper: post-2015 global health thematic consultation http://www.worldwewant2015.org/file/300177/download/325634	The post-2015 agenda should continue to address MDGs 4, 5, and 6 but also tackle the emerging challenges of NCDs. This will require a more comprehensive and holistic approach based on the principles of human rights, equality, and sustainability. New measures of progress will be needed such as well-being and quality of life. NCDs are no longer just a concern of the health sector but intersect with all development priorities, including the environment, poverty reduction, gender inequality, education, environmental sustainability, and infectious diseases.
OHCHR, UNEP, UNFPA, WHO	Partnerships for development: perspectives from global health. Thematic think piece http://www.worldwewant2015.org/file/310197/download/337116	This paper revisits the idea of partnership and considers its place in the next generation of global goals. The analysis suggests that the idea of partnership – given its different practical expressions – would be better handled in the way that specific goals are framed i.e. think about goals in terms of equity, solidarity, human rights, and cooperation around common problems rather than objectives that require external assistance for their achievement, and acknowledge the role of plurilateral coalitions and the necessity of inclusive multilateral processes. Partnerships as new organizations can bring benefits but may also have a price in terms of fragmentation: think twice before recommending the creation of new institutions over the reform of those that already exist.
People's Health Movement	Health in the post-2015 development agenda http://www.worldwewant2015.org/file/300158/download/325615	If population health is to be used as a benchmark for progress in other fields of development then a more pro-active health-in-all-policies approach will be needed. Human rights, including the rights to health, equity, sustainability, and empowerment, must be put at the centre of all policies. This will require a broader view of development, a more democratic and participatory regime of global and national governance, and a configuration of economic relations that supports equity, decent living conditions, and ecological sustainability.
Population and Sustainability Network	Population dynamics and sexual and reproductive health and rights: critical cross-cutting issues for the post-2015 development agenda http://www.worldwewant2015.org/file/300225/download/325683	Population dynamics and sexual and reproductive health and rights are critical, cross-cutting issues for sustainable development and the post-2015 development agenda. A focus on these issues has the potential to drive progress towards a range of development priorities, including poverty alleviation, equity, health, education, food and water security, gender equality, climate change, and environmental sustainability, and to reduce the costs of achieving associated development goals.
Population Matters (Ross S)	Health in the post-2015 development agenda http://www.worldwewant2015.org/file/292910/download/317597	Proposes that the key health priority post-2015 should be universal access to reproductive health. Smaller families would bring multiple benefits and make it easier for health systems in low-resource contexts to service their populations. Enabling people, especially women, to limit their family size is a basic human right and empowers them to participate in society. It would contribute to human development by reducing household poverty, reducing demands for water, food, energy, and employment, and alleviating pressures on education and the environment. Indicators for monitoring progress should include: universal access to a full range of affordable family planning commodities and services; universal sex and relationships education, including family planning; and access to legal and safe abortion on demand.

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Public health networks (Flahault A, Haines A, Zalambani A)	Results of an academic Delphi survey among eight public health networks http://www.worldwewant2015.org/file/299029/download/324405	Identifies key health issues to be addressed in the future development agenda: protecting and building on the achievements of current MDGs; incorporating goals that address UHC and the functioning of health systems; promoting intersectoral collaboration for environmentally sustainable development through health in all policies that address the determinants of health; implementing good governance including full range of stakeholders; and developing accurate vital registration systems and collection of relevant health information.
Reproductive Health Supplies Coalition	Health in the post-2015 development agenda: what can be learned from the reproductive health supplies movement http://www.worldwewant2015.org/file/298832/download/324191	Health should be positioned at the pinnacle of development in the post-2015 framework with universal access to reproductive health, including information, services, and supplies, singled out as a specific health goal. Drawing upon lessons learned in advancing reproductive health, the paper proposes 10 recommendations to guide future efforts. The key driver of success is partnership.
RESULTS Canada	Health in the post-2015 development agenda http://www.worldwewant2015.org/file/300162/download/325619	The future development framework must keep up the momentum for health while incorporating new global priorities including food security, gender equity, and climate change. The framework should build upon the linkages across goals and should be ambitious but targeted, seeking to close the gap in health outcomes and using UHC as a way of reaching the goals. Bold, ambitious quantitative and qualitative targets are needed that focus on the most vulnerable and marginalized people in society. The post-2015 agenda must be assured of adequate funding.
Rogers S et al.	Global surgical care in 2030: metrics and strategies for expansion in access and quality http://www.worldwewant2015.org/file/298623/download/323967	The reasons for the failure to expand surgical access and equity include the absence of metrics and science focused on global surgery, the lack of sustained financing mechanisms, and the shortage of human resources with the necessary skills and surgery and ancillary support. Incorporating surgical access and quality into the post-2015 health and development agenda could help catalyse a more effective global response to these challenges. Three broad strategies could expand surgical access and quality in communities of extreme poverty: developing a system of metrics for quality improvement and implementing science in surgery; fostering innovations in financing, advocacy, and transparency; and catalysing and supporting mechanisms for strengthening human capital in global surgery.
Save the Children	Health in the post-2015 development agenda http://www.worldwewant2015.org/file/295602/download/320481	The post-2015 health agenda should be integrated and comprehensive, building on the MDGs to be more ambitious and address their limitations. Core issues to be addressed include ending preventable child mortality, strengthening health systems for equitable and sustainable progress, and progressive realization of the right to health. Health is a human right, a matter of social justice, and a global public good. More equitable health outcomes increase productivity and resilience, reduce poverty, and promote social stability. A more homogenous health goal, to which all can align, should assert a shared commitment to end preventable mortality for women and children, ensure universal access to quality preventive, promotive, curative, and rehabilitative health care, through strengthening systems, addressing inequalities, and expanding financial risk protection.

Organization(s)/ Author(s)	Title and link to paper	Summary
Sexual Rights Initiative	Application of a human rights-based approach to sexual and reproductive health http://www.worldwewant2015.org/file/298828/download/324187	The new development framework must address global challenges and be applicable to all countries. It should recognize health, including sexual and reproductive health and rights, as a right in and of itself, poor health as a cause and consequence of poverty, and health as key to promoting equity and sustainable development. Access to UHC and reproductive health and rights should be firmly embedded as a means of realizing the right to health and improving health outcomes for all.
Sightsavers	Response to the consultation on health in the post-2105 development agenda http://www.worldwewant2015.org/file/300196/download/325654	Highlights the continuing threat posed to eye health by neglected tropical diseases which affect the world's poorest people and calls for action to prevent avoidable blindness and visual impairment due to blinding eye health problems such as diabetic retinopathy from diabetes, glaucoma, age-related macular degeneration, and cataracts. A functioning health system is critical to good health and eye health outcomes. Health systems must be able to respond to changing needs and priorities and address the social determinants of health (including access to water and sanitation, employment, and housing).
Sir William Beveridge Foundation (Findlay H)	Paper on the post-2015 health agenda http://www.worldwewant2015.org/file/300211/download/325669	There needs to be a shift in culture and attitude in health provision away from seeing health services as things that are done "to" people and towards health services that are done "with" people. This implies a change in mindset to see health services as activities that can be provided in different locations and do not have to follow a medical model. Given current demographic trends and increasing longevity, this innovative model will become increasingly necessary for care of the elderly and people with dementia.
Skin Care for All	Inclusive of skin care for all: a low-cost self-care public health programme http://www.worldwewant2015.org/file/300209/download/325667	Skin conditions encompass a range of public health issues: neglected tropical diseases, wounds and burns, pandemic infections, and congenital and degenerative diseases. The strategy to address these issues should actively engage the community as health-care leaders to improve skin health. Working through alliances with patients' groups, health workers, local health governance and research organizations, international organizations, and commissioning groups and public health programmes, the aim is to educate health-care teams with simple, low-cost, evidence-based public health interventions.
Spanish Agency of International Cooperation and Development	Health in the post-2015 development agenda http://www.worldwewant2015.org/file/300586/download/326059	The health-related MDGs took a narrow biomedical approach, and lacked a comprehensive framework encompassing health as a human right, health equity, health systems strengthening, UHC and access to quality health services, social protection, policy coherence, legal frameworks, and health security. For the post-2015 agenda it is essential to address development issues across multiple sectors, such as trade, human resources for health, food security, security, climate change, and legal and human rights frameworks.

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Stop AIDS Alliance	http://www.worldwewant2015.org/file/298417/download/323755	Consolidating and building upon the gains achieved through the MDGs will require approaches that place human rights and equity at the centre, move away from the top-down thinking that characterized the MDGs, and build upon community involvement. The post-2015 framework must focus on equity and pay particular attention to the most vulnerable, marginalized, stigmatized, and hard to reach populations. UHC should include universal access to HIV prevention, treatment, care, and support and access to sexual and reproductive health services via a rights-based approach. Community mobilization and community systems strengthening should be at the core of the post-2015 development framework to ensure that services reach the poorest and most marginalized groups and enhance true country ownership and accountability.
STOP AIDS NOW	Health in the post-2015 development agenda http://www.worldwewant2015.org/file/298416/download/323754	The post-2015 agenda should continue to address the unmet MDGs and related global commitments, such as universal access to HIV prevention, treatment, care, and support, and ensuring universal access to sexual and reproductive health. However, the foundation of the health agenda should lie in health equity and the promotion of human rights. The roles of communities in providing care and support and reaching vulnerable and marginalized groups should be strengthened and supported politically and financially. The new framework should acknowledge the importance of health as a key determinant and expression of poverty as well as a priority issue in its own right, recognizing that health is interlinked with all other development sectors and key to achieving equity and sustainable development.
Tearfund	Health and the post-2015 development agenda http://www.worldwewant2015.org/file/299295/download/324692	Rooting out inequalities in access to decent health care must be at the heart of the post-2015 agenda. There should be an overarching goal of improving public health in all countries and of ensuring universal access to a public health system. Countries should be encouraged to set ambitious targets for improving public health in a number of key areas and supported to improve progress across the board. A menu of indicators should cover key diseases such HIV, TB, malaria, and diarrhoea, as well as NCDs.
International Association for Ecology and Health (Horwitz P, Morrison K, Parkes M, Patz J, Zinsstag J)	Integrating health, sustainability, and ecosystems in the post-2015 development agenda http://www.worldwewant2015.org/file/300226/download/325684	The achievement of health as expressed in the MDGs is dependent on creating and maintaining healthy ecosystems. It is essential to see health as interrelated and interdependent, especially in relation to the links between human health, animal health, and the environment. Protecting and promoting health is a shared responsibility in relation to other MDGs and should be coupled with sustainable development goals. Approaches that connect health, ecosystems, and society provide points of reference for achieving goals that serve multiple objectives and that consider multiple stakeholder needs.

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Partnership for Maternal Newborn and Child Health	Women's and children's health in the post-2015 development agenda http://www.worldwewant2015.org/file/300588/download/326061	The post-2015 agenda should build on the MDGs to ensure that progress related to health issues is sustained. However, the future agenda must take into account key externalities, such as poverty, social dimensions, environment, education, water, and sanitation, which both impact on and are impacted by health outcomes. It will also be important to incorporate emerging disease priorities such as NCDs, and to address challenges such as conflict, climate change, rapid urbanization, and migration. However, unless women's and children's health retain their prominence in the post-2015 framework they risk falling off the development agenda, with negative implications for overall development.
US Department of State's Office of the US Global AIDS Coordinator	What a difference a decade makes: HIV/AIDS issue brief on the post-2015 development agenda http://www.worldwewant2015.org/file/298415/download/323753	Calls for the fight against HIV/AIDS to remain central in any new development framework, but argues that this does not imply neglect of other priority conditions. Strengthening health systems and building community responses to HIV/AIDS has contributed towards broader systems strengthening that can be leveraged to tackle other, non-HIV, health areas, including: diagnosis and treatment of sexually transmitted infections (STIs); tuberculosis control; maternal, new-born, and child health; sexual and reproductive health; blood safety; human resources development; health communication; strategic information; research; and health financing. Calls for attention to country ownership, managing for and achieving results, and shared accountability and transparency.
UK Academy of Medical Sciences	Response to the global thematic consultation on health in the post-2015 development agenda http://www.worldwewant2015.org/file/299027/download/324403	Actions to address the diseases of poverty should continue in the post-2015 agenda but should include issues missing from the MDGs (such as pneumonia and diarrhoea) and increased efforts to address health inequalities and tackle the social determinants of ill health. Issues that are growing in importance include mental health and NCDs. The need persists for action on sexual and reproductive health and rights. There should be a balance of investment in health promotion, prevention, treatment, rehabilitation, and palliation, with more attention to occupational health programmes. UHC should be a priority for the post-2015 development agenda but the concept should include public health and primary health care.
UK All Party Parliamentary Group on Population, Development and Reproductive Health	The importance of family planning, sexual and reproductive health and rights/population: post-2015 development goals http://www.worldwewant2015.org/file/292912/download/317599	New directions for the post-2015 agenda include addressing all diseases and health-related conditions through a joined-up approach that draws strength from the linkages across health programmes and that supports the strengthening of health systems; ensuring that health remains central to the broader development agenda; and adopting a universal goal that can be adopted by all countries, coupled with flexibility to local priorities.

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UK All Party Parliamentary Groups on Global Health, HIV and AIDS and Global Tuberculosis	Health in the post-2015 development agenda: joint consultation submission http://www.worldwewant2015.org/file/300160/download/325617	The post-2015 agenda must address all diseases and health-related conditions through a joined-up approach that draws strength from the linkages across health programmes and that supports the strengthening of health systems. Health must remain central to the broader development agenda and the mutually reinforcing links between the goals should be harnessed. The new agenda should adopt a universal goal that can be adopted by all countries, coupled with the need for flexibility to local priorities.
UK Consortium on AIDS and International Development	Health in the post-2015 development agenda http://www.worldwewant2015.org/file/302197/download/327792	The new development framework should address global challenges and promote local ownership and accountability. It should be led by the Global South, and include the voices and views of civil society and affected communities including people living with HIV. The framework should foster civil society representation in governance structures, promote the role of communities in implementing the post-2015 agenda, ensure long-term and sustainable funding, and involve the private sector and other non-state organizations in support of development goals, ensuring policy coherence across the development, trade, and intellectual property agendas.
UK NCDs and Development Task Force	Health in the post-2015 development agenda http://www.worldwewant2015.org/file/300170/download/325627	The post-2015 agenda should continue to address MDGs 4, 5, and 6 but must also tackle the emerging challenges of NCDs. This will require a more comprehensive and holistic approach based on the principles of human rights, equality, and sustainability. New measures of progress will be needed such as well-being and quality of life. It is no longer possible to argue that concern about health is the prerogative of the health sector because NCDs intersect with all cross-cutting development priorities, including the environment, poverty reduction, gender equality, education, environmental sustainability, and infectious diseases.
UN platform on social determinants of health	Health in the post-2015 development agenda: need for a social determinants of health approach http://www.worldwewant2015.org/file/300184/download/325641	The conditions in which people are born and live influence how they become sick, the risk factors they are exposed to, and they way they access and use health services. These factors are shaped by the distribution of money, power, and resources at global, national, and local levels. Health outcomes cannot be achieved solely by taking action in the health sector; actions in other sectors are equally critical. Yet the MDGs focus almost entirely on health system interventions and neglect the economic and social factors underlying ill health. Public health policy will need to adapt, especially given the inexorable rise in the burden of NCDs that require preventive and health promotion interventions to change social mores and individual behaviours. The post-2015 agenda must address the need for multisectoral action for health.

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UNAIDS	AIDS, health, and human rights: towards the end of AIDS in the post-2015 development era http://www.worldwewant2015.org/file/309230/download/335992	This paper puts forward five overarching considerations: 1. The international community has delivered remarkable results in its efforts to achieve MDG 6. 2. The global AIDS response has won unprecedented health, human rights, and development gains in all countries through principles and practices that can strengthen other work in global health and sustainable development. 3. The AIDS response has been about people, not simply about a disease. 4. The global AIDS response has pioneered an innovative approach to global health governance through its principles of inclusion, accountability, shared responsibility, and global solidarity. 5. Ending AIDS can be a distinctive, shared triumph in the coming decades that will show what is possible through mobilized communities and global solidarity.
UNDESA, UNFPA	Population dynamics: thematic think piece http://www.worldwewant2015.org/file/292911/download/317598	Identifies four issues that must be addressed in order to avoid adverse effects on development: youth, ageing, urbanization, and inequalities. Addressing population challenges requires a joint effort by all stakeholders, including the UN system. The post-2015 development agenda presents an opportunity to work collaboratively within the UN system to integrate analysis of and responses to population dynamics and reproductive health challenges in a common forward-looking vision of sustainable development. The post-2015 development agenda should not entail articulating prescriptive, one-size-fits-all strategies: any strategy must be adapted to the country context in order to be effective.
UNFPA	The future UNFPA wants for all: keys for the post-2015 development agenda http://www.worldwewant2015.org/file/294167/download/318908	Highlights the challenges of population growth and change with large cohorts of young people in some settings and ageing populations in others. Migration is on the increase and consumption levels are unsustainable. Calls for: the empowerment of women, adolescents, and young people to exercise their reproductive rights; universal access to sexual and reproductive health services, within a framework of human rights and gender equality. Understanding the implications of population dynamics is at the core of sustainable development and should feature prominently in the post-2015 development agenda. To strengthen accountability, specific indicators on sexual and reproductive health, reproductive rights, and population dynamics are needed.

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UNICEF	Towards a post-2015 world fit for children: UNICEF's key messages on the post-2015 development agenda http://www.worldwewant2015.org/file/302176/download/327766	This paper puts forward five criteria for health goals that can contribute to a post-2015 world fit for children: 1. Maintain attention to the "unfinished business" of the MDGs. 2. Integrate equity as a core consideration of the post-2015 framework. 3. Focus on children and their rights, in their communities, as a whole rather than as victims of disease. 4. Develop a universal framework that improves the lives of women and children everywhere with clear accountability mechanisms. 5. Define clear, specific outcomes as goals that are easily understandable.
Universitas 21 Health Sciences UN MDG Group	Health in the post-2015 development agenda http://www.worldwewant2015.org/file/299028/download/324404	Key issues to be addressed in the post-2015 framework include: chronic and NCDs, using integrated, collaborative, and cross-sectoral approaches; ageing, including both age-related diseases and broader issues such as social inclusion, dignity, and disability services; domestic violence, contextualized with reference to women's rights and status, and gender relations; refugee health, including the consequences for health of demographic displacements; disabilities, including reference to the environment, human rights, and equality legislation; nutrition, comprising both food security and obesity; and health literacy, including the use of information and communication technologies.
Vision Alliance	Position paper on the post-2015 UN development agenda: health http://www.worldwewant2015.org/file/300195/download/325653	Proposes goals and measures that should feature in the post-2015 framework. These relate specifically to the ability of all persons, irrespective of age, gender, disability, ethnic descent, and social status, to benefit from equal access to quality health care services for treatment, rehabilitation, and disease prevention, including health education and immunization. Also calls for the application of universal standards in data collection, quality, and dissemination.
Water Aid	Submission to the UN post-2015 thematic consultation on health http://www.worldwewant2015.org/file/293854/download/318580	The MDG framework failed to address the underlying structural and systemic barriers to progress. Achieving reductions in child mortality from infectious causes involves not only targeted, curative interventions but also health promotion and disease prevention activities that address the underlying determinants of health. Health systems must be empowered to tackle the economic, social, and environmental underlying causes of diarrhoea, under-nutrition, and stunting, and neglected tropical diseases.
WHO	Measurement of trends and equity in coverage of health interventions in the context of universal health coverage. Report of a meeting at the Rockefeller Foundation Center, Bellagio, Italy, 17-21 September 2012 http://www.worldwewant2015.org/file/279371/download/302866	Technical paper on indicators and methods for monitoring UHC.

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WHO Stop TB Partnership	The role of TB in poverty eradication: why TB matters in an ambitious post-2015 development agenda http://www.worldwewant2015.org/file/309550/download/336368	Impressive progress over the past five decades shows that TB can be defeated with strong political will, adequate financial resources, and universal access to health services. Argues for ambitious targets on TB in the post-2015 development agenda to help overcome poverty, foster economic growth, and save millions of lives. There is abundant evidence that the burden of TB rises with rises in poverty and reduces with reductions in poverty and socioeconomic improvements. Reduction in the TB burden is a most suitable indicator and an accurate measure of poverty alleviation and equitable development.
WHO, UNICEF, UNFPA, UNAIDS	Health in the post-2015 UN development agenda http://www.un.org/millenniumgoals/pdf/Think%20Pieces/8_health.pdf	Recognizes the value of the MDGs. Post-2015 agenda should be broader in scope, and take a human rights approach. Health should be positioned as a beneficiary of, contributor to, and indicator of development.
Women Deliver	Health in the post-2015 development agenda: key statements http://www.worldwewant2015.org/file/300268/download/325728	Identifies eight areas of action: prioritize maternal health; take a rights-based approach; ensure funding; improve transparency and accountability; revitalize family planning; target unreached populations (young people, poor, rural, marginalized, and indigenous populations); strengthen health systems; and ensure quality of care.
World Medical Association (WMA)	Health in the post-2015 development agenda http://www.worldwewant2015.org/file/298625/download/323969	Health and health-care systems should be at the core of the post-MDG agenda. Targets should enhance both health and well-being. This implies a stronger focus on social determinants of health, and positioning health and health care within a holistic approach to social and economic development. A way to achieve this is to strengthen health-care systems through universal and equitable access, including access to essential medicines and sufficient, well distributed and educated health-care professionals and health-care workers.
World Vision International	Health in the post-2015 development agenda http://www.worldwewant2015.org/file/299294/download/324691	Health and sustainable development require reductions in preventable deaths, improved living conditions, the provision of adequate nutritious food, and universal access to quality health services for the world's most vulnerable children, their families, and communities, including those in fragile contexts. A goal to end preventable child and maternal deaths within the timeline of the post-2015 development framework should recognize the significant progress made through the MDGs but refocus the efforts of all stakeholders on those who have been missed to date: the poorest and hardest to reach children and mothers.
Youth coalition for sexual and reproductive rights	Sexual and reproductive rights of young people at the heart of development http://www.worldwewant2015.org/file/298830/download/324189	Identifies key areas related to young people's human rights, health, and well-being that must be at the centre of the post-2015 development agenda. The protection and promotion of sexual and reproductive rights of young people are essential for the realization of their human rights, including their right to the highest possible standard of mental and physical health, which are key factors contributing to their empowerment, well-being, and success.

Notes

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