

UN SYSTEM TASK TEAM ON THE **POST-2015 UN DEVELOPMENT AGENDA**



Partnerships for development: Perspectives from global health

Thematic Think Piece

OHCHR, UNEP, UNFPA, WHO

The views expressed in this paper are those of the signing agencies and do not necessarily reflect the views of the United Nations.

January 2013

Following on the outcome of the 2010 High-level Plenary Meeting of the General Assembly on the Millennium Development Goals, the United Nations Secretary-General established the UN System Task Team in September 2011 to support UN system-wide preparations for the post-2015 UN development agenda, in consultation with all stakeholders. The Task Team is led by the Department of Economic and Social Affairs and the United Nations Development Programme and brings together senior experts from over 60 UN entities and international organizations to provide system-wide support to the post-2015 consultation process, including analytical input, expertise and outreach.

Partnerships for development: Perspectives from global health

The global partnership for development as articulated in Goal 8 of the current MDGs was instrumental in defining the MDG framework as a compact: between what developing countries needed to do to reduce poverty and achieve a range of social development goals, and how richer countries could help to make it happen.

At the time the MDGs were being finalized, access to medicines, particularly access to anti-retrovirals to treat AIDS, and the links between access and intellectual property rights were the burning issues in global health. There was thus a clear political logic to framing the health-related component of goal 8 in these terms. The reference in Target 8E to “working with pharmaceutical companies” further reflected interests prevalent at the time. In short, the Goal 8 global partnership, from the perspective of health was narrow in scope and very much a child of its time.

Since then a great deal has changed that argues for revisiting the idea of partnership or considering its place in the next generation of global goals.

First, the nature of partnership and its relationship to development has been transformed

Over the last decade there has been a fundamental shift in thinking that no longer sees development purely in terms of aid, or as something that happens exclusively in “developing” countries. The majority of the world’s poor live in countries which are defined as middle-income. For this reason, partnership is no longer predicated largely on resource transfers from rich to poor countries, but has become fully inclusive and involve all countries, but also civil society, CSOs, and the private sector as development partners in addition to traditional donors. This includes triangular cooperation, South-South cooperation and public-private partnerships. The United Nation’s Development Cooperation Forum provides an international forum to review these trends in development cooperation at the global level. The Busan conference on development cooperation has also emphasized the

importance of a fully inclusive partnership around development Partnership should be seen more in terms of solidarity and cooperation in the face of global challenges such as financial instability or climate change, and in terms of the political and financial challenges facing countries with growing economies but large populations of very poor people. Resources for development come from tax revenues, remittances, Foreign Direct Investment and concessional financing from foundations while official development assistance can run the spectrum from general budget support, to sector budget support to integrated projects all the way down to stand-alone projects.

These changes are all reflected in the way that the global health agenda needs to be framed post-2015. Increasing healthy life expectancy is an aspiration relevant to all countries. Extending or maintaining universal coverage as a way of achieving it is, similarly, a global challenge - as relevant to the rich and indebted as it is for the under-resourced. Health security in the face of new and emerging diseases is dependent on a chain of surveillance and response, which is only as strong as its weakest link. Failure to tackle the challenge of non-communicable diseases will impoverish families and bankrupt nations in all parts of the world. Inequalities in health services and health outcomes are concerns throughout the globe. Reaching the marginalized and equitable access to key health, sexual and reproductive health (SRH) and maternity services remains a major challenge. Adequate infrastructure and trained human resources for health are equally critical. Training the health workforce is a national issue but these need to be accompanied by equitable distribution, retention and incentive policies, including standards of regulation and recruitment and migration that benefit from an ethical code of practice.

Second, some partnerships are coalitions of the willing, but more inclusive multilateral partnerships still have a vital role

Despite its limited scope, the Goal 8 partnership for development was one in which all countries had a place. Over the last two decades we have increasingly seen the term used as a way of signaling like-mindedness and common interest. Global and regional groupings (such as the G20) offer a means of making rapid progress on specific issues, but lack the legitimacy conferred by fully inclusive multi-lateral processes.

Similarly in health, issue-based partnerships, coalitions and alliances have been extraordinarily influential in making more rapid progress in tackling challenges such as HIV, TB, malaria as well as child and maternal mortality. The Secretary General's Every Women Every Child Initiative for instance is an unprecedented global movement, to mobilize and intensify global action to improve the health of women and children around the world. They are also increasingly important in tracking results and resources as has been shown by the work of the Commission on Information and Accountability for Women's and Children's Health. However, reaching durable agreements on issues of global importance such as sharing virus samples so that the world is better prepared to handle the next influenza pandemic; or controlling tobacco use; or the recruitment of health workers require inclusive inter-governmental negotiations to reach a fair deal for all and one that respects the rights of all concerned.

Third, some partnerships have become hybrid multi-stakeholder organizations; this broadens governance and in some cases has led to significant new resources

With the exception of Targets 8 E and F, which refer to pharmaceutical companies and the private sector, Goal 8 is largely about the actions of governments. The last decade has seen the emergence of a range of partnerships that, as part of their basic design, include governments, civil society and the private sector as equal partners in governance.

This reflects the fact that global governance is no longer the exclusive preserve of nation states. Civil society networks, individual NGOs at international and community level, professional groups, philanthropic foundations, trade associations, the media, national and transnational corporations and individuals and informal diffuse communities that have found a new voice and influence, thanks to information technology and social media – all of these actors have an influence on decision making.

In health, the emergence of a new generation of multi-stakeholder partnerships has not only had an influence through work on advocacy (through such organizations as the Partnership on Maternal, Newborn and Child Health) or technical assistance (for example through the H4+, a joint effort by UNAIDS, UNFPA, UNICEF, UN Women, WHO and The World Bank- to provide coordinated and harmonized support to accelerate progress towards the

achievement of MDGs 4 and 5), but also through bringing significant amounts of new resources to MDG related issues through partnerships such as the Global Fund to fight AIDS, TB and malaria , the GAVI Alliance and UNITAID.

Fourth, partnerships are needed to ensure a more coherent approach to the provision of technical and financial support in those countries that still need development aid

The countries that most need external assistance are generally those that are too often those that are least well equipped to manage it. Either in terms of handling competing sources of advice, multiple channels of funding, or the distortion of national priorities that is an unwanted side effect of aid dependence. There is also a frequent gap between support provided to address humanitarian disasters and that needed for subsequent recovery and development.

Fragmentation and duplication of effort is rife in development, and health both provides some of the most egregious examples as well as some of the more innovative solutions. The International Health Partnership (IHP+) shows that it is possible to align funding from domestic and international sources around nationally defined objectives, to appraise national policies jointly and monitor progress of adherence to the principles of the 2005 Paris Declaration on Aid Effectiveness in a single process. The challenge now is to take what is possible as a partnership in a few countries and make this the business model for all countries that receive external support: not just the stable good performers, but the fragile and unstable places as well.

Fifth, partnerships can provide the kind of platform needed for whole of society and multi-sectoral action

Few of the most serious problems facing people or the planet can be tackled by action in one sector alone. Increasingly we need to think about whole of government or whole of society responses that coordinate action across multiple sectors. Partnership for development in this sense is expressed through common goals, carefully designed incentives and high-quality information systems that have the buy-in and support of multiple actors with a shared interest in problem solving and creating durable solutions.

This expression of partnership for development is central to the future of global health. Real progress in relation to non-communicable conditions cannot depend on the health sector

alone. While this is true of many health conditions, an analysis of the causes and determinants of non-communicable diseases points to a particularly wide and multi-layered range of inter-related determinants. These range from environmental exposure to harmful toxins, diet, tobacco use, excess salt and alcohol consumption and, increasingly sedentary lifestyles, harmful traditions, social norms and practices as well as broader aspects like the legal and regulatory framework. These in turn are linked to income, housing, employment, transport, agricultural and education policies, which themselves are influenced by patterns of international commerce, trade, finance, advertising, culture and communications. While it is possible to identify policy levers in relation to all of these factors individually, orchestrating a coherent response across societies remains one of the most prominent challenges in global health.

Sixth, partnerships as an institutional expression of sustainable development

Very often, governments and society act only when a long-standing environmental risk erupts into a health, economic or political crisis. Countries need to take urgent steps to move from reactive to proactive policy-making. Governments need to be able to monitor, prevent or mitigate risks that might develop into full scale environmental and health emergencies, including those risks brought on by economic development.

For too long, the health and environment sectors have sought to cope with the downstream consequences of poorly conceived economic development policies, while having little influence on the more upstream development decisions that profoundly shape the natural environment. Countries need to link health and the environment into their national development plans and through education and training at all levels, to develop national capacities to better prevent diseases related to the environment.

The health sector has been striving to embrace a comprehensive, systemic and ecologically-sound approach, while the environment sector has tried to persuade public health authorities of the benefits that ecosystems can provide to human health. At the Libreville Conference on health and environment in Africa (2008), ministers of health and ministers of environment recognized and agreed to act on the understanding that social and economic development could not be achieved sustainably without addressing the root causes of ill health simultaneously with threats to the integrity of ecosystems. The Health and

Environment Strategic Alliance (HESA) is now the basis of plans of joint action and a regional platform for intersectoral dialogue.

Seventh, partnerships can ensure the realization of human rights

One of the foremost goals of development is arguably to create an environment in which every human being enjoys freedom, well-being and dignity. The incorporation of human rights into the new development agenda is therefore of crucial import. While Goal 8 set out implicit obligations, a new generation of goals offers the opportunity to make these obligations more explicit and frame them in terms of rights.

Human rights, including those related to health, are not explicitly referred to in the MDGs. To keep pace with the evolving challenges of delivering on health-related goals, a human rights-based approach to health must be an important element of any new global collaboration. Global collaboration on health should advance a rights-based approach by ensuring that relevant policies and programmes promote the realization of the right to health by integrating human rights standards, content and principles. A rights-based approach to health would address inequalities and discrimination in access to health services and facilities. It would ensure the inclusion and participation of the beneficiaries of health policies and programmes in their design and delivery with a view to boosting the efficacy and responsiveness of interventions. Of particular importance is the need for any global partnership to address the underlying determinants of health that have an impact on the ability to live a healthy life. Adequate attention to these aspects would greatly enhance the affordability, accessibility, acceptability and quality of health services and facilities. This expression of partnership is particularly crucial in economically challenging times when social sector funding tends to be under threat.

Conclusions

The idea of partnership for development can be expressed in many different ways. The idea of framing partnership as a single overall goal – either for development in general or in a sector such as health – as was the case in the current MDGs would seem to have little to recommend it.

The analysis in this note suggests that the idea of partnership – given its different practical expressions – would be better handled in the way that specific goals are framed. In concrete terms this means thinking about goals in terms of equity, solidarity, human rights and cooperation around common problems rather than objectives that require external assistance for their achievement.

The way that goals are framed should acknowledge the role of plurilateral coalitions as well as the necessity of inclusive multilateral processes.

The experience of the health sector is that partnerships as new organizations can bring benefits but may also have a price in terms of fragmentation. The principle articulated in Busan in relation to partnerships and coalitions is worth repeating: think twice before recommending the creation of new institutions over the reform of those that already exist.

Finally, partnerships as an expression of the solidarity between and across society are the only way in which the world has any chance of addressing the most intractable issues that confront both people and the planet.

UN System Task Team on the Post-2015 UN Development Agenda

Membership

Department of Economic and Social Affairs (DESA), Co-Chair

United Nations Development Programme (UNDP), Co-Chair

Convention on Biological Diversity (CBD)

Department of Public Information (DPI)

Economic Commission for Africa (ECA)

Economic Commission for Europe (ECE)

Economic Commission for Latin America and the Caribbean (ECLAC)

Economic and Social Commission for Asia and the Pacific (ESCAP)

Economic and Social Commission for Western Asia (ESCWA)

Executive Office of the Secretary-General (EOSG)

Food and Agricultural Organization of the United Nations (FAO)

Global Environment Facility (GEF)

International Atomic Energy Agency (IAEA)

International Civil Aviation Organization (ICAO)

International Fund for Agricultural Development (IFAD)

International Labour Organization (ILO)

International Maritime Organization (IMO)

International Monetary Fund (IMF)

International Organization for Migration (IOM)

International Telecommunication Union (ITU)

Joint United Nations Programme on HIV/AIDS (UNAIDS)

Non-Governmental Liaison Service (NGLS)

Office of the Deputy Secretary-General (ODSG)

Office of the High Commission for Human Rights (OHCHR)

Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States (OHRLLS)

Office of the Special Advisor on Africa (OSAA)

Peace building Support Office (PBSO)

United Nations Children's Fund (UNICEF)

United Nations Conference on Trade and Development (UNCTAD)

United Nations Convention to Combat Desertification (UNCCD)
United Nations Educational, Scientific and Cultural Organization (UNESCO)
United Nations Entity for Gender Equality and Empowerment of Women (UN Women)
United Nations Environment Programme (UNEP)
United Nations Framework Convention on Climate Change (UNFCCC)
United Nations Fund for International Partnerships (UNFIP)
United Nations Global Compact Office
United Nations High Commissioner for Refugees (UNHCR)
United Nations Human Settlements Programme (UN-HABITAT)
United Nations Industrial Development Organization (UNIDO)
United Nations International Strategy for Disaster Reduction (UNISDR)
United Nations Institute for Training and Research (UNITAR)
United Nations Millennium Campaign
United Nations Office for Outer Space Affairs (UNOOSA)
United Nations Office for Project Services (UNOPS)
United Nations Office on Drugs and Crime (UNODC)
United Nations Population Fund (UNFPA)
United Nations Relief and Works Agency for Palestinian Refugees in the Near East (UNRWA)
United Nations Research Institute for Social Development (UNRISD)
United Nations System Chief Executives Board for Coordination Secretariat (CEB)
United Nations University (UNU)
United Nations Volunteers (UNV)
United Nations World Tourism Organization (UNWTO)
Universal Postal Union (UPU)
World Bank
World Food Programme (WFP)
World Health Organization (WHO)
World Intellectual Property Organization (WIPO)
World Meteorological Organization (WMO)
World Trade Organization (WTO)