

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



Health in the post-2015 UN development agenda

Thematic Think Piece

UNAIDS, UNICEF, 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.

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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 50 UN entities and international organizations to provide system-wide support to the post-2015 consultation process, including analytical input, expertise and outreach.

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1. Introduction

Health is central to development. Health-related issues are prominent in the current MDG framework, with three out of the eight goals directly referring to health conditions. The purpose of this paper is to consider the role of health in the development agenda post-2015, and to suggest options and issues for discussion on how progress in improving human health should be reflected in any future set of goals.

We start with a brief review of the context in which the post-2015 debate is taking place. We then consider three sets of issues: the unfinished MDG health agenda; a changing agenda for global health; and health in the context sustainable development. The final section then sets out some points for discussion around a future set of global health goals.

2. Context

The Millennium Development Goals, despite any weaknesses, remain a powerful tool for focusing the world's attention on development issues. While intended as one means of monitoring progress, the way goals are defined inevitably influences how the world understands development and the ways in which it can be advanced. Goals are thus interventions in their own right, shaping the meaning of development and influencing resource transfers within and between nations and institutions. This has a number of consequences for goal setting in the future which are relevant for the coming debate in health:

- The process will be highly competitive, not just to include a wider range of topics, but also to influence the discourse on the approach to development. Examples are the current discussions on increasing the focus on human rights, on gender, on equity versus aggregate achievement, and on ways of measuring growth beyond GDP.

- Political and economic transitions combined with the universality of development challenges requires that the post-2015 agenda must be relevant to all societies. Poverty, financial insecurity, urbanization, ageing, climate change, ill health and food security are not problems of developing countries to be addressed by resource or technological transfers, they are problems requiring global solutions.
- The debate on the future development agenda has become intricately intertwined with the debate of the future of sustainable development. A new generation of development goals in this context offers a means of measuring progress across the economic, social and environmental pillars of sustainability. At the same time, given limited progress in realizing the institutional reality rather than the theory of sustainable development, there is a risk that a new set of sustainable development goals overly privilege environmental over other development issues.

Each of these factors raises important questions for the health community: how to handle the competition? How to frame health goals from a global rather than developing country perspective? And how to position health in the context of sustainable development?

3. Unfinished business

In many low and middle income countries health progress over the past decade has been impressive. Child and maternal mortality have declined at unprecedented rates in many countries, and demonstrable progress has been made in the fight against major infectious diseases such as AIDS, tuberculosis and malaria.

Nevertheless, it is certain that many countries will not meet the MDG targets and much remains to be done beyond 2015, particularly in the lowest income countries, sub-Saharan Africa and South Asia, and in countries affected by conflict. Part of the explanation for this stagnation in progress lies in a failure to reach the most vulnerable populations, as advances in national indicators for the MDGs often mask increasing inequities within countries. There is growing unease globally at the failure of economic development to provide equitable benefits, and inequity has been a key catalyst of recent political unrest and reform in many

regions. These gaps within and between countries demand a much sharper focus on inequities and their consequences for health, and on health inequities themselves.

Current investment levels in health, including sexual and reproductive health, are in many countries neither sufficient, efficient nor equitable, challenging the belief that health has benefitted disproportionately in terms of the level of resources received over the last ten-years. Furthermore, in the face of increasing resource constraints, there are concerns that dramatic gains such as the survival of people living with HIV or the reductions in malaria or measles mortality cannot be sustained.

At the time of writing (May 2012) there are still three and half years to go before the end of 2015. Indeed, despite improvements in reporting it will be some time after 2015 before the achievement of the existing Goals can even be fully assessed. There is thus a need a) to continue to ensure substantive progress against the current set of health related goals; b) to back national efforts with the advocacy work needed to sustain the political and financial support that is needed; and c) to maintain levels of investment in national and international systems for tracking results and resources.

In the current context, it is no longer viable to argue the case for continuing business as usual, merely extending the time frame and making minor adjustments to the current framework of goals and targets. At the same, it is important that the search for better ways to define development and measure its progress does not lead to a rejection of the current goals, and does not undermine progress in a critically important aspect of human development and poverty reduction.

4. The changing agenda for global health

The agenda for global health is changing in a number of important ways which have a bearing on how priorities for development are defined in the future and how they should be measured.

Epidemiological and demographic transitions impose a complex burden of infectious diseases alongside non-communicable diseases, mental health, injuries and the consequences of violence. Whereas the current set of health-related MDGs focus on

priorities for developing countries, the rapid spread of risk factors, such as tobacco use and physical inactivity, along with ageing populations and unplanned urbanization, have a profound influence on health and wellbeing globally. The cost of inaction in relation to non-communicable diseases – estimated in trillions of dollars - is now recognized as a global risk requiring action in all countries that extends well beyond the health sector alone.

Similarly, emerging infectious disease outbreaks and epidemics constitute a universal threat to the “just-in-time” global economy. In 2003, the SARS outbreak halted travel and trade in Southeast Asia and cost an estimated \$50 billion in that region alone. In 2010, the H1N1 outbreak highlighted the inequity in global access to vaccines, and illustrated that a lack of domestic detection and response capability in any one country is a threat to all.

In many countries, the net effect of the increasing costs of technology, ageing populations and rising public expectations is to threaten the financial sustainability of health systems. In contrast, the future in other countries will be one in which current challenges continue, with inadequate levels of unpredictable funding, limited access to life-saving technologies, lack of financial coverage and a continuing daily toll of unnecessary death and disability from preventable causes. The common thread for the global agenda is the need to change the focus from developing health systems that deal with selected diseases and conditions. Instead the focus becomes ensuring access to services, using innovation to foster efficiency, preventing exclusion (particularly of poor women and girls) and protecting people against catastrophic expenditure when they fall ill through extending universal health coverage.

It is not just content issues that needs to be reflected in the new global health agenda – it also needs to reflect more than is the case with the current MDGs – how health issues can be addressed more effectively.

In this regard, a human rights-based approach to health is essential. The right of everyone to enjoy the highest attainable standard of physical and mental health is recognized in numerous global, regional and national treaties and constitutions. It underpins action and provides part of the rationale for including health in the post-2015 development agenda. The progressive realization of civil, cultural and political as well as economic and social

rights is a prerequisite for sustainable growth and human development. Irrespective of where one lives, gender, age or socio-economic status being healthy and having access to quality and effective health care services is of fundamental importance for all people, while at the same time healthy populations are essential for the advancement of human development, well-being and economic growth.

A frequent criticism of the current MDGs is their preoccupation with aggregate achievement in the face of a growing body of evidence of the importance of the multidimensional aspects of increasing equity (in terms of opportunity, access and outcome). With about three-fourths of the world's poorest people now living in middle income countries, the issue is no longer confined to a debate about development aid (although aid will remain important for some countries). Rather it is about social justice and its realization in all countries rich and poor. Social policy developments in major emerging economies such as Brazil, Mexico, India, China and South Africa increasingly highlight the importance of universal health coverage as a means of linking equitable social and economic development.

A third element of the approach to the global health agenda concerns the need to address the social, economic and environmental determinants of health, not just the proximal causes of illness and disease. Clearly, all these elements are linked. Addressing social determinants has been shown to be an effective way of increasing equity of access and outcome. Similarly, tackling the burden on non-communicable diseases requires action in multiple sectors.

A number of different conclusions can be drawn from this analysis. On one hand, it can be argued that the health agenda has broadened and that “new” issues such as non-communicable diseases, health systems and health security need to be reflected in goals or targets. It is equally evident, however, given the context in which we are working, that a long list of health goals is unlikely to be acceptable. An alternative interpretation is that health is genuinely an issue of global concern, and that it is affected by a broad range of policies across a wide range of sectors. The challenge then becomes one of deciding how “health” in this broad sense can be characterized in a way that is measurable and ensures political traction and public understanding. We return to this issue in the final section of the paper.

Lastly it is evident that the “how” of health and development is as important as the “what”. The challenge here is to decide whether approaches based on human rights, equity, social determinants need to be reflected in the way health-specific goals or targets are framed, or whether they are equally applicable across all development sectors. For instance, the global AIDS response has demonstrated that placing people, particularly those most affected, as a central driver of policy promotes dignity and respect for all, and ultimately leads to better outcomes. But it could be easily argued that a people-centred approach is just as important in dealing with food security, educational policy or any other aspect of development.

5. Health in the context of sustainable development

The development agenda post-2015 is being debated at a time when sustainable development is in the political foreground as a result of the UNCSD or Rio+20. The relationship between health and sustainable development was well captured in the original Rio Declaration in 1992 where Principle 1 speaks of “human beings as the central concern of sustainable development (...) living a healthy and productive life in harmony with nature”. The role of health was reaffirmed in Johannesburg and is equally vital today. However, the initial draft for the political outcome document for Rio+20 made only passing reference to health. That omission has now been remedied, but given the discussion on Sustainable Development Goals, and the lack of clarity about their relationship with the new generation of development goals and the post 2015 agenda, it is important to revisit health and sustainable development.

It is useful to think about the relationship in three ways: Health as a contributor to the achievement of sustainability goals; health as a potential beneficiary of sustainable development; and health as a way of measuring progress across all three pillars of sustainable development policy.

- We have already touched on health as a contributor, particularly to the extent to which health policy, through universal health coverage, can contribute to poverty reduction. But there is a raft of other examples that could be highlighted. Healthy people are more likely to be efficient at assimilating knowledge, have stronger

cognitive and physical capabilities and, in consequence, obtain higher productivity levels. Where time is spent treating disease, productivity may also suffer. For example, where malaria is endemic, workers can expect to suffer from two bouts of fever per year, losing 5-10 working days each time. Chronic under nutrition and stunting are associated with lower school attendance, reduced economic productivity, and an intergenerational effect through lower birth weight. Damage suffered in early life may lead to permanent impairment and affect future generations. Progress on current health-related MDGs, such as reduced child mortality, has been linked as contributing to economic growth. In countries with generalized AIDS epidemics, it is hard to imagine sustainable development without effectively addressing the AIDS epidemic, when HIV prevalence among young adults often exceeds 20%.

When a country moves from high to low birth and death rates, the demographic transition, a window opens to accelerate economic growth. This demographic dividend can greatly enhance countries productivity and prospects for development. Economists have attributed as much as 40% of East Asia's per-capita income growth between 1965 and 1990 to its beneficial population structure, which was a result of an early investment in the health and education of young girls and boys as well as in reproductive health, including family planning.

Investing in women's health and rights is equally critical. These investments include improvements in women's status and greater equality between women and men, and slower population growth. Sexual and reproductive health and rights are crucial to individual, family and community health and well-being, as well as to civic participation and empowerment of women and girls.

- Health is also a beneficiary of sustainable development. Reductions in air, water and chemical pollution can prevent up to one quarter of the overall burden of disease. Environmental change (through deforestation, air pollution, desertification, urbanization and changing land use) have been causally linked to many pressing global health problems - including malaria, water-borne diseases, malnutrition,

AIDS, TB, maternal health and non-communicable diseases. But while health can be a major beneficiary of economic and environmental development, this will not happen automatically. Decisions that guide urban planning, transport and housing development too often still create rather than reduce air pollution, noise and traffic injuries, and limit rather than promote physical activity. Agricultural and food policies too often make it harder, not easier to access to healthy and nutritious foods.

Evidence shows we can do things differently. Access to rapid transit systems also goes hand in hand with more equitable health outcomes because people are better able to access the services they need. The right mix of climate change mitigation policies for residential buildings can contribute to a reduction in health risks from extreme weather conditions. Energy policies that reduce air pollution could halve the number of childhood deaths from pneumonia and substantially reduce the one million deaths each year that occur from chronic lung disease. Cleaner cooking fuels are particularly important in this regard. Current evidence suggests that replacing biomass or coal stoves with cleaner fuels can help improve the health of up to three billion people.

As the world seeks to address the challenges posed by ageing populations, growing cities, increasingly mobile populations, competition for scarce natural resources, financial uncertainty, and the vagaries of a changing climate, it is no longer viable to think of solutions in terms of individual sectors. Similarly, there is little to be gained by policies (such as scaling up the use of diesel fuel) that reduce greenhouse gas emissions, but risk increasing levels of respiratory or cardiac disease as a result of air pollution. A green economy is therefore one that maximizes benefits, through coherent policies across several sectors, with health and human well-being as the bottom line.

Sound policies across the economic, environmental and social dimensions of policy contribute directly and indirectly to improved health. The conditions in which people are born, grow, live, work and age, including the equity of these conditions, have a greater impact on population health than health care services. This requires

minimizing exposures to factors that harm health, building resiliency to reduce vulnerability to health risks, and protecting people from the consequences of becoming ill through access to quality and timely interventions, and preventing catastrophic expenditures when they fall ill.

- If sustainable development is to become an overarching paradigm, metrics are needed that integrate the economic, environmental and social dimensions of policy and peoples health is vitally important a measure of the impact of policies in all three areas. Health outcomes can be defined precisely and are readily measurable, and health concerns are immediate, personal and local. 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). Similarly, health is an important component of other “holistic” approaches to development that seek to replace or supplement GDP as the main indicator of economic progress.

There is also a more specific role of for health indicators in terms of monitoring the impact of key (non-health) initiatives that are likely to emerge from Rio+20.

6. Health and the post-2015 development agenda

There are important lessons from the experience of the last decade....

- Values: The Millennium Declaration continues to provide a clear and valid expression of the core values that should to continue underpin development in coming decades.
- Results: The MDGs were successful because they focused on results in terms of human development outcomes contained in a framework with clear, concise and measurable objectives. The post-2015 framework should include concrete goals, targets and indicators. However, there may be a need for a longer time horizon, with intermediate milestones.

- Focus: A limited number of goals, measurable indicators, and a defined timeline resonate well with politicians and the general public. Similar attributes will be needed in the post-2015 agenda.
- Equity: The use of average indicators as measures of progress has its limitations and greater emphasis on equitable progresses needed

But the new agenda must to respond to changing circumstances and some difficult challenges....

- Inclusiveness: The process of defining new goals, targets and indicators in health, as in other sectors, has to be inclusive and based on wide consultation with stakeholders from the outset. However, unless well-managed, consultation alone is unlikely to lead to a clear outcome in terms of a limited set of goals, targets and indicators inception. A framework to guide the consultative process would therefore be valuable.
- Country context: While global goals promote global solidarity for their achievement, goals also need to be adapted to the needs of individual countries. Greater flexibility to tailor goals and targets to national and sub-national realities has been widely recognized as an important characteristic of the post-2015 framework. But there is also a need to give greater attention to means and intermediate processes, with targets and indicators, focusing on policy coherence without becoming prescriptive to policy makers and taking into account that national realities are diverse and “no one size fits all”.
- Universality: There is a strong case for framing health goals in ways that will influence policy makers in all countries at very different levels of development. At present, however, most health specific goals (with the recent exception of NCDS) are framed and set targets for achievement in a way that is primarily relevant to lower income countries.
- Linkages: The current set of MDGs was intended as a form of simplified shorthand linking different aspects of development. The analysis of the broadening health agenda points to a much wider nexus of relationships: with macroeconomic stability, decent work, food security, inequality, governance, gender, human rights,

demographic transition, urbanization, migration peace and security, natural disasters, science and technology, among many, many other factors. Realistically, however, it is not possible to capture the full complexity of development in a single framework. At the same time the design of new goals, targets and indicators needs to be underpinned by a convincing narrative to explain the assumptions on which it is based.

The analysis in this paper suggests some avenues for defining the way forward....

- A hierarchy of health goals

A key point advanced in this paper is that for health to retain its rightful place at the apex of development, there is a need for a single high-level goal. In this way, improved health becomes one of a small set of summative indicators that track progress across economic, social and environmental domains. An equity dimension needs to be an integral part of such an indicator.

Below this over-arching health goal a hierarchy of more sector and programme-specific goals, targets and indicators can reflect existing agreements (including the current MDGs) and elements of the new health agenda.

This approach could help rationalize current target setting: looking at the growing number of proposed health targets; the shift from relative reduction targets to absolute thresholds for child mortality, maternal mortality, HIV, TB, malaria, child stunting/underweight; the rationale and benefits of setting various elimination and eradication targets; and the process of country adaptation (e.g. for relative reduction targets in NCDs).

The challenge is how to frame an overarching health goal and target in a way that drives change that is relevant for all countries; that acknowledges health as a global concern (and thus as something for which countries have collective as well as individual responsibilities); that appeals to politicians and the public; and is actually measurable. No easy task.

Maternal and child mortality are still relevant in many high countries, and will need continued monitoring in the coming decades, but are less suitable as a global goal in the current context of a much broader set of health and development challenges that affect all countries. Examples of cross-cutting health measure candidates are life expectancy at birth, a summary measure of current mortality rates, and healthy life expectancy, which not only captures mortality but also the non-fatal health outcomes. Universal health coverage, particularly given the focus on service access and financial protection, is another possibility but one which frames health purely in the context of health services. This misses the point that health is an outcome of policies in many other sectors.

- Health at Rio+20

The analysis in this paper locates health as being central to sustainable development. The implications of this position are consistent with the idea of a single summative health goal having a prominent position as part of the a new set of Sustainable Development Goals if this proves to be the dominant framework in the future. A more specific proposal in the context of Rio+ 20 however is to suggest a limited number of measurable health indicators that are relevant to tracking the impact of initiatives such as sustainable development that are likely to emerge at the Rio+ 20 conference.

- Unfinished business

The present health-related MDGs remain of great concern to many countries. Sustaining investment both in substantive programmes and monitoring systems is essential. At the same time efforts can also be made to implement approaches that will be needed for any new set of goals. In particular this argues for accelerating progress on putting in place reliable vital registration systems that will be needed for comprehensive disaggregated information.

- Institutional issues

While the importance of inclusive consultation is widely agreed to be essential, eventually a decision has to be reached on the new agenda and a new set of goals. The working assumption is that UN member States would agree on a limited set of top level goals, along with responsibilities for monitoring and reporting. This raises the question of which body gives legitimacy to the rest of the hierarchy of goals and how the roles and responsibilities of the UN General Assembly, any new sustainability body, and sector-specific forums such as the World Health Assembly will intersect.

7. Where next?

The discussion of a new set of global development goals, and health's role within such a framework, has some way to go. UN agencies, neither singly nor collectively, can determine the outcome of the global discussion that is already taking place, but they can help give it shape. The idea of this paper is to frame some of the issues in a way that resonates with the concerns of several partners active in the health sector in preparation for a global consultation on health in the context of the post-2015 agenda that is envisaged towards the end of this year.

The present draft has been developed as the first step in preparation for that meeting. It will be further developed (and ideally shortened) in the light of comments received.

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

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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)

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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)
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