



Swiss Working Paper on Health in the Post-2015 Agenda

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Health related issues are key in the current Millennium Development Goals (MDG) framework, with three out of eight goals directly referring to health conditions and with targets of several other goals relating to determinants of health. They have contributed to significant progress over the past decade with child and maternal mortality declining at unprecedented rates and considerable progress made in the fight against AIDS, tuberculosis and malaria in many low and middle-income countries. At the same time, much needs to be done until and beyond 2015 to sustain the progress that has been achieved, to close the gaps as for example related to the target maternal mortality which is still lagging very far behind to further improve the health status of people and to ensure more equitable results across and within countries.

As highlighted in the Rio+20 outcome document, health is a precondition for, an outcome of, as well as an indicator of all three dimensions (economic, social and environmental) of sustainable development. Sustainable development can only be achieved in the absence of a high prevalence of debilitating communicable and non-communicable diseases, and where populations can reach a state of physical, mental and social well-being.

It is essential to bring together the post 2015 sustainable development agenda with the post MDG agenda. Health must remain key in the post 2015 development framework, and the unmet goals of the current MDGs, the changing global health architecture and the complexity of global health challenges need to be tackled.

Recognizing the key importance of health for sustainable development, Switzerland supports a stand-alone health goal as well as the integration of health indicators across the other goals of the post-2015 framework, in order to measure factors that influence health.

Lessons learned from the health related MDGs

The MDGs contain several strong points that form a good basis for the development of post-2015 goals and indicators. Their clarity and intelligibility on the expected specific health outcomes allowed for their wide acceptance and for strong political mobilization of governments and popular support. This has translated into unprecedented volumes of financial (and technical) resources especially from Official Development Assistance (ODA), and the emergence of new actors (private sector, private foundations, vertical funds etc.).

The MDG framework enhanced national and global accountability for results through regular monitoring of progress and impact and, in doing so, contributed to improve health outcomes in low and middle income countries.

However, the MDGs were mainly tailored for developing countries and emphasized global averages. As such, they neither took into account existing inequities within and between countries, nor the specific context of the countries with their different health priorities.

Single disease specific goals fostered fragmentation without articulating the need for synergies. This tended to generate interventions in silos with separate resource flows instead of the essential strengthening of health systems through a more comprehensive approach aimed at ensuring to all an equitable and sustainable access for all to the resources necessary for their health.

The experience gathered during the past decade shows evidence that a “silo approach” can neither capture the many dimensions of health, nor be sustainable. In this context, the global response to

HIV/AIDS is particularly instructive: The progress made would have been impossible without a comprehensive approach, inclusive of other sectors, such as for example education or food security, and addressing a broader sexual and reproductive health and rights agenda. The experiences made in response to HIV/AIDS will be useful to address other important causes of morbidity, disability and death in low and middle income countries like non-communicable diseases, mental health and chronic conditions.

Another gap in the current framework is the lack of a comprehensive, human rights based approach to health and the absence of a clear global commitment to address the determinants of health and improving equity in access to health resources.

Health challenges for the post-2015 framework

The period post-2015 will differ from the 15 years of the Millennium Development Goals, both in terms of the health challenges to be addressed and the means of implementation that must be mobilised. Health systems will need to adapt to demographic, environmental, social and economic challenges.

The growing and complex double burden of infectious and non-communicable diseases as well as the rapid spread of risk factors have a profound influence on public health and require action beyond the health sector. In many countries increasing health expenditures, caused by a combination of parameters (i.e. aging populations, rising public expectations, unplanned urbanization, increasing costs and durations of treatments, etc.) threaten the financial sustainability of health systems and can further worsen the inequitable access to health resources.

The availability of services does not guarantee access and quality. This in turn underlines the importance of social protection and universal health coverage while preventing any form of discrimination and ensuring that the recourse to needed health services does not expose people to financial hardship.

The main health challenges and needs are determined by economic, political, environmental and social factors that call for cross-sector responses and whole of government policies to address the underlying determinants of health.

Health and sustainable development

The goals of sustainable development cannot be achieved if there is a high prevalence of debilitating illness and poverty, and the health of a population cannot be maintained without a healthy environment and a responsive health system. Environmental degradation, mismanagement of natural resources, and unhealthy consumption patterns and lifestyles impact health. Ill-health, in turn, hampers poverty alleviation and economic development whereas better health is an important contributor to poverty reduction and also an explicit outcome of all development goals. Therefore health is a precondition for, as well as an indicator and an outcome of progress in sustainable development.

The health goal, targets and indicators must

- Be based on the results of the MDG review, the final declaration of Rio+20, the ICPD review process as well as a documented experience and scientific evidence.
- Be people-centered, gender-sensitive, human rights-based as well as equity-focused rather than disease driven.
- Promote action between and across sectors as well as synergies with other, non-health specific goals.
- Be universally applicable while allowing for differentiated approaches and/or country specific adaptations.
- Foster clear commitments from governments at all levels, development partners, as well as corporate and civil society sectors.

A future health goal: Maximizing health for all at all stages of life

The new health goal and its targets and indicators should aim at **maximizing health for all at all stages of life**. This goal would support a global commitment to ensure **Universal Health Coverage (UHC)**¹. UHC as well as the provision of comprehensive and affordable primary health services, including sexual and reproductive health and rights are the major instruments for realizing this health goal. At the same time the goal promotes a multidimensional response to **address the determinants of health**.

In line with the International Covenant on Economic and Cultural Rights and the WHO constitution, **the right to the highest attainable standard of health** for all must remain our common endeavor. Through precise targets and indicators, one should be able to monitor progress, inter alia, on equity, quality of health services, affordability, accessibility (especially for vulnerable groups), and acceptance.

The dis-functionality of many health systems remains a major obstacle to UHC. **The strengthening of health systems**, their increased cost efficiency and their reorientation towards reducing health inequities must be a joint commitment and undertaking of all health sector stakeholders. This will require enhanced governance and strong leadership, as well as clear mutual accountability². The financing of health systems in order to ensure and sustain UHC must be thoroughly defined and include all contributions from public, private sources and external sources. The question of **Global Public Goods** will need to be reconsidered as well as the role and responsibilities of the corporate sector. Official Development Assistance will continue to play a role complementing and leveraging other sources of financing.

The future health goal should also accelerate the efforts to achieve the **health related MDGs**: especially to significantly reduce maternal and infant mortality and the spread of HIV/AIDS, malaria and tuberculosis.

In addition to addressing the unfinished business of the health MDGs, the new health goal needs to include issues like **non-communicable and neglected tropical diseases** as well as **sexual and reproductive health and rights**. Special attention must be paid to maternal health.

The overarching health goal, its targets and indicators have to make use of evidence-based measures to tackle risk factors and **address the social, cultural, economic, environmental and political determinants of health**. Inter alia, it will encompass the multidimensional and multi-sectoral characteristic of health.

For example, the denial in many countries of people's sexual and reproductive health and rights, and the access to comprehensive sexuality education combined with gender inequality and extreme poverty contributes to high fertility rates which, not only increase mothers' risks of dying at the time of delivery, but have severe consequences for economic development, social inclusion, environmental sustainability, and peace.

Another example is the overall progress in reducing extreme poverty which has not translated into significant decrease of hunger and malnutrition. Strategies to address hunger and malnutrition need to include among other, targeted nutrition programs for vulnerable groups promoting health and healthy behaviors as well as political commitment to address other determinants (e.g. nutritional quality of processed food).

Since inequality and social exclusion are increasing in most countries, health inequalities represent a sensitive indicator for inequalities in general. Pathways towards **addressing inequalities**, overcoming discrimination are complex. Yet there is strong evidence that policies and investments specifically targeted towards social inclusion can lower inequalities and promote equal opportunities for all. The new development framework must therefore promote policies in favor of gender equality, human rights and social inclusion.

¹ Universal health coverage means that all people have access to the health services they need (prevention, promotion, treatment, rehabilitation and palliative care) without the risk of financial hardship when paying for them (WHO).

² According to "Paris Declaration 2005" and "Busan 2011"

Overall Health Goal:	
Maximizing health for all at all stages of life	
Decisive steps (targets)	Fundamental enablers (approach)
<ul style="list-style-type: none"> • Achieve Universal Health Coverage • Complete / further unfinished MDGs • Ensure universal sexual & reproductive health and rights Reduce the burden of non-communicable diseases, mental disorders and neglected tropical diseases 	<ul style="list-style-type: none"> • Address key social, cultural, economic, political and environmental determinants of health • Ensure equity and the right to the highest attainable standard of health • Ensure access to quality services (<i>availability, affordability, accessibility, adequacy, acceptability</i>) • Respond to demographic shifts (youth and adolescent, aging populations) through a human rights based approach • Abide by mutual accountability

Indicators to measure progress

Indicators should be measurable and not limited to the health sector or certain specific health issues. They need to be adaptable to country-specific contexts, should cover the quality of life as well as the quality of health services, and they should incorporate policy measures. Where feasible, indicators should be chosen which allow for synergies with other goals (spill-over effects) and take into account the three dimensions of sustainable development.

Regardless of the indicators used, data availability and data quality need to be addressed to enhance the capacity for measurement and monitoring progress.

The data collected has to be disaggregated (by gender and major social, economic, or other dimensions), to ensure that inequalities in access can be detected and addressed through policy and public awareness. Standard measures of economic progress like GDP per capita and national income accounts generally do not reflect environmental and social consequences of a country's development path, nor do they adequately capture inequities.

To track progress towards sustainable development, these indicators must be revised and complemented with more broad-based measures, including highly disaggregated data. To achieve universal access, data on access and utilization is needed.