Global thematic consultation on health in the post-2015 agenda
Main components of the consultation

• **Web consultation – October to December 2012**
  – 106 papers submitted by civil society, academics, international agencies, development agencies, etc.

• **Face to face consultations**
  – Academic consultation – Beijing
  – Civil society consultations – multiple regional consultations
  – Private sector consultations – Amsterdam and USA
  – Member state consultations – Geneva and New York (4)
  – Cross-sectoral review group meeting – Jan 18 2013

• **Draft synthesis paper**: 1-19 February on the web for comments

• **High Level Dialogue – Botswana, Mar 2013** – main input is the synthesis paper
  – 50 invitations by the government of Botswana
  – Representatives main constituencies: government, civil society, UN, academia, private sector
  – Chairs of the 6 WHO Regional Committees & EB chair
  – H8 leaders
  – Members of High Level Panel of Eminent Persons
Coordination of the consultation

• **Task Team**
  – WHO, UNICEF, Governments of Sweden and Botswana
  – Small secretariat at WHO
  – Sponsoring Governments: Botswana, Sweden and Norway

• **UN Interagency Team**
  – WHO, UNICEF, UNFPA, UNAIDS, OHCHR, UN DESA and UNDP
Main outcomes of the consultation

1. Lessons learnt from the health MDGs
2. Health priorities post2015
3. The role of health in the broader post-2015 development agenda
4. Potential goals and targets
5. Not just “what” – but “how”
1. Lessons learnt from the health MDGs

- Health MDGs success
  - More money for health
  - More progress since 2000
  - Influenced political discourse at highest levels
  - Driven by concrete measurable goals and targets

- But also shortcomings
  - Lack of focus on equity
  - Human rights aspect missing
  - Too much a top-down process
  - Contributed to a more fragmented approach to health
Progress on the MDGs – where are we today?

% improvement in relation to targets for selected indicators
(100% means target is met)

<table>
<thead>
<tr>
<th>MDG</th>
<th>Indicator</th>
<th>1990-2008 % Improvement</th>
<th>1999-2010 % Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDG 1a</td>
<td>Extreme poverty rate (1990-2008)</td>
<td>98</td>
<td></td>
</tr>
<tr>
<td>MDG 2a</td>
<td>Primary education net enrolment rate (1999-2010)</td>
<td>44</td>
<td></td>
</tr>
<tr>
<td>MDG 3a</td>
<td>Ratio of girls to boys in primary education (1999-2010)</td>
<td>67</td>
<td></td>
</tr>
<tr>
<td>MDG 3b</td>
<td>Ratio of girls to boys in secondary education (1999-2010)</td>
<td>67</td>
<td></td>
</tr>
<tr>
<td>MDG 4a</td>
<td>Child mortality rate (1990-2011)</td>
<td>62</td>
<td></td>
</tr>
<tr>
<td>MDG 5a</td>
<td>Maternal mortality ratio (1990-2010)</td>
<td>61</td>
<td></td>
</tr>
<tr>
<td>MDG 6a</td>
<td>TB mortality rate (1990-2011)</td>
<td>83</td>
<td></td>
</tr>
<tr>
<td>MDG 6b</td>
<td>Malaria case incidence rate (2000-2010)</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>MDG 6c</td>
<td>HIV incidence rate (2001-2010)</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>MDG 7a</td>
<td>Improved water source (1990-2010)</td>
<td>63</td>
<td></td>
</tr>
<tr>
<td>MDG 7b</td>
<td>Improved sanitary facilities (1990-2010)</td>
<td></td>
<td>108</td>
</tr>
</tbody>
</table>

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).

### Inequities between regions

% improvement in relation to MDG targets for selected indicators (100% means target is met) in SSA and all LMIC

<table>
<thead>
<tr>
<th>MDG 1a</th>
<th>MDG 2a</th>
<th>MDG 3</th>
<th>MDG 3</th>
<th>MDG 4</th>
<th>MDG 5</th>
<th>MDG 6</th>
<th>MDG 6</th>
<th>MDG 6</th>
<th>MDG 7</th>
<th>MDG 7</th>
</tr>
</thead>
</table>

**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).

2. Health priorities post-2015

- The health MDGs remain priorities
- Emerging non-communicable diseases and their risk factors
- Key drivers of rapid changes in global health patterns
  - Demographic transition
  - Epidemiological transition
  - Risk transition
- Equity
- Strengthening health systems
- More attention for specific topics:
  - Sexual and reproductive health and rights
  - Adolescents
  - Nutrition
  - Mental health
Global disability-adjusted life year ranks between 1990 and 2010

<table>
<thead>
<tr>
<th>Mean rank (95% UI)</th>
<th>Disorder</th>
<th>Mean rank (95% UI)</th>
<th>Disorder</th>
<th>% change (95% UI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0 (1 to 2)</td>
<td>Lower respiratory infections</td>
<td>1.0 (1 to 2)</td>
<td>Lower respiratory infections</td>
<td>-44 (-48 to -39)</td>
</tr>
<tr>
<td>2.0 (1 to 2)</td>
<td>Diarrhoea</td>
<td>2.0 (1 to 3)</td>
<td>Diarrhoea</td>
<td>19 (5 to 26)</td>
</tr>
<tr>
<td>3.4 (3 to 5)</td>
<td>Preterm birth complications</td>
<td>3.2 (2 to 5)</td>
<td>Stroke</td>
<td>-51 (-57 to -45)</td>
</tr>
<tr>
<td>3.8 (3 to 5)</td>
<td>Ischaemic heart disease</td>
<td>4.9 (4 to 8)</td>
<td>COPD</td>
<td>351 (293 to 413)</td>
</tr>
<tr>
<td>5.2 (4 to 6)</td>
<td>Stroke</td>
<td>6.6 (4 to 9)</td>
<td>HIV/AIDS</td>
<td>43 (34 to 53)</td>
</tr>
<tr>
<td>6.3 (5 to 8)</td>
<td>COPD</td>
<td>6.7 (3 to 11)</td>
<td>Low back pain</td>
<td>21 (-9 to 63)</td>
</tr>
<tr>
<td>8.0 (6 to 13)</td>
<td>Malaria</td>
<td>6.7 (3 to 11)</td>
<td>Malaria</td>
<td>-27 (-37 to -16)</td>
</tr>
<tr>
<td>9.9 (7 to 13)</td>
<td>Tuberculosis</td>
<td>8.0 (5 to 11)</td>
<td>Preterm birth complications</td>
<td>-7 (-8 to 5)</td>
</tr>
<tr>
<td>10.2 (7 to 14)</td>
<td>Protein–energy malnutrition</td>
<td>8.1 (5 to 11)</td>
<td>COPD</td>
<td>-2 (-8 to 5)</td>
</tr>
<tr>
<td>10.3 (7 to 15)</td>
<td>Neonatal encephalopathy*</td>
<td>8.4 (4 to 11)</td>
<td>Road injury</td>
<td>34 (11 to 63)</td>
</tr>
<tr>
<td>11.3 (7 to 17)</td>
<td>Low back pain</td>
<td>10.8 (7 to 14)</td>
<td>Major depressive disorder</td>
<td>37 (25 to 50)</td>
</tr>
<tr>
<td>11.8 (8 to 15)</td>
<td>Road injury</td>
<td>13.3 (11 to 17)</td>
<td>Neonatal encephalopathy*</td>
<td>-17 (-30 to -1)</td>
</tr>
<tr>
<td>12.9 (8 to 16)</td>
<td>Congenital anomalies</td>
<td>13.4 (11 to 17)</td>
<td>Tuberculosis</td>
<td>-19 (-34 to -6)</td>
</tr>
<tr>
<td>15.0 (8 to 18)</td>
<td>Iron-deficiency anaemia</td>
<td>14.2 (12 to 16)</td>
<td>Diabetes</td>
<td>69 (58 to 77)</td>
</tr>
<tr>
<td>15.2 (11 to 18)</td>
<td>Major depressive disorder</td>
<td>15.2 (11 to 22)</td>
<td>Iron-deficiency anaemia</td>
<td>-3 (-6 to -1)</td>
</tr>
<tr>
<td>15.3 (3 to 36)</td>
<td>Measles</td>
<td>15.9 (10 to 26)</td>
<td>Neonatal sepsis</td>
<td>-3 (-25 to 27)</td>
</tr>
<tr>
<td>15.4 (8 to 24)</td>
<td>Neonatal sepsis</td>
<td>17.3 (14 to 21)</td>
<td>Congenital anomalies</td>
<td>-28 (-43 to -9)</td>
</tr>
<tr>
<td>17.3 (15 to 19)</td>
<td>Meningitis</td>
<td>18.8 (15 to 26)</td>
<td>Self-harm</td>
<td>24 (0 to 42)</td>
</tr>
<tr>
<td>20.0 (17 to 26)</td>
<td>Self-harm</td>
<td>19.7 (16 to 25)</td>
<td>Falls</td>
<td>37 (20 to 55)</td>
</tr>
<tr>
<td>20.7 (18 to 26)</td>
<td>Drowning</td>
<td>20.0 (16 to 26)</td>
<td>Protein–energy malnutrition</td>
<td>-42 (-51 to -33)</td>
</tr>
<tr>
<td>23.1 (19 to 28)</td>
<td>Falls</td>
<td>21.8 (17 to 27)</td>
<td>Lung cancer</td>
<td>36 (18 to 47)</td>
</tr>
<tr>
<td>24.1 (21 to 30)</td>
<td>Cirrhosis</td>
<td>23.0 (19 to 27)</td>
<td>Cirrhosis</td>
<td>28 (19 to 36)</td>
</tr>
<tr>
<td>25.1 (20 to 32)</td>
<td>Lung cancer</td>
<td>23.1 (19 to 26)</td>
<td>Other musculoskeletal disorders</td>
<td>50 (43 to 57)</td>
</tr>
<tr>
<td>25.3 (18 to 34)</td>
<td>Neck pain</td>
<td>24.4 (20 to 27)</td>
<td>Meningitis</td>
<td>-22 (-32 to -12)</td>
</tr>
<tr>
<td>29 Other musculoskeletal disorders</td>
<td></td>
<td></td>
<td>32 Drowning</td>
<td></td>
</tr>
<tr>
<td>33 HIV/AIDS</td>
<td></td>
<td></td>
<td>56 Measles</td>
<td></td>
</tr>
</tbody>
</table>

3. The role of health in the broader post-2015 development agenda

• Health as both a contributor to and beneficiary of development in sectors other than health
  – Links with many other sectors need to be explicit
  – Emphasis on determinants of health

• Health as a human right

• Changes in global landscape
  – More diversity and complexity now than in 2000
  – Post 2015 agenda is for all countries: universality
4. Potential goals and targets
The suggested post-2015 framework

DEVELOPMENT GOAL
Sustainable wellbeing for all

HEALTH GOAL
Maximizing healthy lives

Health

- Accelerate the MDG agenda
- Reduce the NCD burden
- Ensure Universal Health Coverage and Access

Contributions of other sectors to health

Gender equity, wealth, education, nutrition, environment, security etc.
The suggested framework for Health Goals post 2015

Maximizing Healthy Lives

- Increased number of healthy years lived

Universal Health Coverage and Access

- Improved child survival
- Reduced maternal mortality
- Access to Reproductive Health Services
- Decreased incidence, prevalence, and mortality to AIDS, TB & malaria

Accelerating progress of the MDGs

- Reduced mortality due to NCDs based on the WHA resolution of 25% mortality reduction 2025

Reduce the burden of major NCDs

- Increased coverage of essential services
- Increased equity and financial protection
- Strengthening health systems
5. Not just what, but how

- **Equity** should be ”hard-wired” into the goals
- Invest in **health systems** including human resources and information systems to generate, analyze and use data
- **National ownership** of the agenda and responsive national and international institutions
- **Partnerships** for effective implementation and better results
- **Accountability** at all levels - starts with individuals
WHAT NEXT?

- Politically
- Technically
**Next steps: UNGA 2013 and beyond**

**Timelines**

- **31 July 2012**: High-level Panel established
- **Sept 2012**: First meeting of High-level Panel
- **Spring 2013**: Reports submitted to SG
- **Sep 2013**: UNSG submits report to UNGA
- **Work Group on SDG established**
- **Working Group report submitted to UNGA** (between Sep 2013 and Sep 2014)

**Post-2015 Framework**
Mandated by 2010 MDG Summit

**SDG Process**
Mandated by Rio+20 Outcome Doc
Health in the Post-2015 Development Agenda

How to participate

How to participate in the Health thematic consultation.

Reports from consultations

Reports on health in the post-2015 development agenda.

Key documents

Documents related to the health thematic consultation.

Final report - health in the post-2015 development agenda

The final report of the Thematic Consultation on Health in the post-2015 development agenda is now finalised. The task team would like to thank all global, regional and national stakeholders who contributed to this consultation by taking part in meetings, contributing papers, joining discussions, and commenting on the various versions of the report. Please share the report widely!

- Read final report

High Level Dialogue, Gaborone, Botswana, 4-6 March 2013

The High Level Dialogue on Health in the Post-2015 Development Agenda took place in Gaborone, Botswana, from 4-6 March, 2013, and was hosted by the Government of Botswana and brought together 50 high level participants including Ministers of Health, members of the High-Level Panel of Eminent Persons and their representatives.

Digests of papers

Digests of papers on perspectives on the post-2015 agenda for health.