



# High Level Dialogue on Health in the Post-2015 Development Agenda Gaborone, 4-6 March 2013

## Meeting report

### ■ INTRODUCTION

The High Level Dialogue on Health in the Post-2015 Development Agenda took place in Gaborone, Botswana, from 4-6 March, 2013. The Dialogue 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, Heads of international organizations, representatives from civil society and the private sector, academics, public health experts, and youth. The Dialogue was officially opened by His Excellency, the President of the Republic of Botswana, Lt. Gen. Seretse Khama Ian Khama.

The High Level Dialogue was the culmination of six months of consultation on how health should be addressed in the post-2015 development agenda. The health consultation (co-convened by the Governments of Botswana and Sweden, WHO and UNICEF) was part of the UN Development Group-led efforts to catalyse a “global conversation” on the post-2015 agenda through national, regional and thematic consultations.

The global thematic consultation on health reached out to people around the world to gather inputs on the role of health in the post-2015 development agenda. A web-based consultation drew in 150,000 visitors, over 1500 individuals took part in 13 face-to-face consultations in Africa, Asia, South America, North America, and Europe, and more than 100 papers were submitted. All contributions are available on [www.worldwewant2015.org/health](http://www.worldwewant2015.org/health). All inputs were synthesized into a draft report which was considered by the participants of the High Level Dialogue.

The meeting was structured around the following chapters of the draft report:

- lessons learned from the health-related Millennium Development Goals (MDGs);
- the role of health in the post-2015 development agenda;
- health priorities for the 15 years after 2015;
- framing the future agenda for health, including principles, goals and indicators;
- how key stakeholders and partners can best position health in the post-2015 agenda.

### ■ KEY MESSAGES FROM THE DIALOGUE

#### Lessons from the MDGs

There was broad consensus on the strengths and shortcomings of the health MDGs: the goals have raised the profile of global health to the highest political level, increased development assistance for health, and contributed to considerable improvement of health in low- and middle-income countries. Key successes in the health sector include reductions in child mortality, expanded access to antiretroviral drugs, the significant impact of vaccine programmes and controlling (and for some countries eliminating) malaria, to name a few examples. It was highlighted that the health sector has, in many important ways, led the development success of the MDG era, thereby building the foundation for an unprecedented opportunity to achieve even more after 2015.

The MDGs, however, do not capture the broader concept 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 that needs to be addressed in the post-2015 agenda. Looking forward, the post-2015 agenda needs to be universal and relevant to all countries.

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

The late inclusion in the MDG agenda of target 5b (universal access to reproductive health services) in 2005 also slowed down implementation of interventions that have direct relevance to maternal and child mortality, as well as to gender equity.

Further progress can only be made by reducing inequalities. This should include not only health system strengthening and financing. It also requires political and social mobilization to overcome gender inequalities, all forms of discrimination, and human rights violations that impede the achievement of all the MDGs.

### **How health is linked to development**

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

Health is important as an end in itself and as an integral part of human wellbeing, which also includes material, psychological, social, education, work, environment, political, and security dimensions. These dimensions of wellbeing are inter-related and interdependent.

The post-2015 development agenda needs a clear understanding and rigorous framework for sustainable development and how it differs from existing development models. Such a framework is required to define the role of health and how intersectoral action can be implemented.

The new development agenda should clearly articulate and support the synergies between health and the other goals; the goals should be framed in a way that their attainment requires policy coherence and shared solutions across multiple sectors i.e. a whole-of-government approach. Examples of effective intersectoral action need to be shared and widely disseminated so that other countries can learn from these experiences.

Equity must be 'hard-wired' into the new agenda, including the protection of women's sexual and reproductive health and rights, which is a necessary condition for the full enjoyment of other human rights.

Adolescents are the next generation of adults and will have 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 non-communicable diseases NCDs, means they will enter adulthood with stronger overall capabilities and abilities to make informed choices for themselves and their communities.

Health is a contributor to all development thematic areas. Health is also determined by other (non-health sector) social, economic, political, environmental and cultural factors ("social determinants") and thus the cycle of health and development is central to well-being and economic growth.

### **Health priorities post-2015: opportunities and challenges**

The future will be very different from the past or present, posing new opportunities and challenges. The importance of 1.8 billion young people; a transformation in human connectivity; increased demands and new models of citizen participation in governance; the vital synergies between health and education; climate change (and other environmental threats); the effects of population growth; urbanization; and rapid transitions in disease, disability, and risk are all factors that will affect the environment for progress on health.

In responding to these, a number of key priorities were highlighted during the discussions:

- The present health MDGs (4, 5 and 6) must remain central to the post-2015 agenda, accelerating progress where targets have not been achieved and setting more ambitious targets for the period to come. A greater emphasis on equity between and within countries will be critical.
- Sexual and reproductive health and rights (and in particular delivering on universal access to contraceptives) must be addressed. Special attention is required for adolescents and youth, including comprehensive sexuality education, as well as protection from sexual violence and abuse.
- Additional health priorities based on rapid changes in the burden of disease in all countries must be addressed, including noncommunicable diseases and their risk factors, as well as mental health.
- Goals, targets and indicators should facilitate action between and across sectors where necessary.
- Accountability, transparency, partnership, and inclusivity should be prominent and reflect the changing roles and responsibilities of civil society and the private sector.
- The new development agenda must address global power relations and larger macroeconomic issues that impact on poverty, inequities, and ill health, including global trade agreements.

### **Health in the post-2015 development agenda**

The overall post-2015 vision is sustainable development, from a social, economic and environmental perspective. One suggestion that emerged as a possible vision statement in the discussions was, "Healthy Planet, Healthy People". This would require contributions from all sectors and there should be concrete health targets under all development goals to address social determinants.

In addition, since health is both a means and an end to development, a cascade of goals is then needed to capture the efforts for improving wellbeing and health at various levels of intervention.

The following guiding principles for the future agenda and goals were highlighted:

- The post 2015 agenda should be guided by principles of human rights, equity, gender equality, accountability and sustainability.
- The approach should be people-centered and rights-based.
- Like the MDGs, the post-2015 goals need to be limited in number, convincing, clear and specific, easy to communicate to politicians and the public, measurable, time-bound, and achievable.
- The goals and indicators should have universal relevance; at the same time they should ensure that prioritized attention is paid to the most vulnerable, marginalized, stigmatized, and hard to reach populations in all countries, regardless of level of income.
- The goals should capture both the contribution of the health sector to development, and also the contribution of other sectors to health, i.e. the importance of social determinants to health needs to be recognized.
- The future goals, target and indicators should take account of the different stages of life by identifying measurable targets for mortality and morbidity reduction at each life stage e.g. newborn, under-5, adolescent, middle age and senior. Stage of life goals should also address gender-related factors including maternal health needs and disparities in health services access.
- The goals and indicators should pay considerable attention to the process, with strong emphasis on country ownership.

The following framework for future health goals was discussed:

An overarching goal for the post-2015 agenda could be (sustainable) wellbeing for all. Health is an important contributor to overall wellbeing. It is also a critical indicator of wellbeing.

**Maximizing health at all stages of life** could be an overarching health development goal linked to the overall sustainable development agenda, which requires interventions from all sectors.

Within this, two specific health sector goals were discussed to address the global health challenges in the post-2015 era:

- **Accelerating progress on the health MDG (4,5 and 6) agenda.** Targets should be based on the ongoing initiatives such as ending preventable maternal and child deaths; universal access to sexual and reproductive health services, including family planning, especially among youth; the elimination of malaria; and implementing the "Zero" strategies for tuberculosis and HIV/AIDS. This goal would reflect the centrality of maintaining the current health MDG agenda.
- **Reducing the burden of major NCDs** with a focus on the most important NCDs and targets could be based on the WHA resolution of 25% mortality reduction (for cardiovascular disease, cancers, chronic respiratory disease and diabetes) by 2025. It is important to address the emerging burden of NCDs as a specific health goal, with an emphasis on prevention.

**Universal Health Coverage (UHC)** was discussed as being the health sector's key contribution to achieving the goals and should include both the continuum of care (promotion, prevention, treatment, rehabilitation, palliation) and the continuum of service delivery (non-personal services, communities, primary, secondary and tertiary health facility) through all stages of life. UHC was seen as a vehicle for the delivery of all key interventions, including those related to the health MDGs and NCDs, as well as management and financing of health, including financial risk protection for everyone. UHC requires strong, efficient, equitable and fully integrated health systems that can deliver comprehensive quality services that address basic health requirements and country health priorities. This delivery platform would include an accountability framework, extending from an open transparent comprehensive country level oversight mechanism to an independent global structure.

While some participants saw UHC as a *means* of achieving the high level health goals, others also saw it as a desirable *outcome* in its own right.

Some participants also argued that "universal health access" was a more appropriate and easily understood label than "universal health coverage". Those who preferred the term "universal health coverage" felt that coverage meant that people not only have access to services they need but also receive these services with adequate quality and without incurring financial ruin. Others felt that the term access would be better, partly because the notion of "access" has proven to be a potent political tool - an important lesson from the past 25 years of the AIDS movement. This was also partly because a different definition of coverage was used by some: financial risk protection plus availability of services - which may not translate to actual uptake of services because access to services may be constrained by structural, social, or cultural constraints, inequalities (e.g. gender inequity), organizational and managerial deficiencies or social exclusion. As such, both terms have their merits, but will need to be more explicitly defined in the future framework.

Addressing social determinants will require all goals in the new development agenda to include or be linked to concrete, ambitious, measurable, health-related targets. An example of such a target would be to reduce indoor air pollution under a goal on environmental sustainability.

The importance of "hard-wiring" equity into the goals was again emphasized, through disaggregating indicators and targets at all levels, and including targets for closing gaps.

## **Implementation of the post-2015 agenda**

A post-2015 world should have more engagement of people, inclusivity, transparency, and accountability. Emerging governance models also provide opportunities for far greater citizen participation, influence and intersectoral action. Civil society and community dimensions of 'country ownership' are vital for both strong policy development and for holding all stakeholders accountable for progress.

Modern interconnectivity can catalyze transformation and provide an enabling environment for the achievement of the goals.

Strengthening health systems is essential to address health priorities in a people-centered, holistic way. No health financing system should push people into poverty for accessing care (i.e. financial protection is essential).

The strengthening of country health information systems, civil registration and vital statistics is critical for the successful implementation of any post-2015 agenda, including down to the district level and below as a prerequisite to measuring and improving upon the equity agenda in countries. This should be supported by advances in measurement.

The changing global environment requires committing to do things differently to advance the future agenda for global health. More attention needs to be paid to global and national governance structures and institutional capacity, at global and national levels, along with consideration of whether the global health architecture needs to be reviewed to adapt to the 21st century and the post-2015 goals. Since a substantial portion of health services (prevention, treatment and rehabilitation) are delivered through civil society and the private sector, the new health agenda post-2015 should seek to ensure uniform quality standards and equity in the delivery of health services, regardless of the sector of the service provider.

Universal health coverage (and access) at every stage of the life course would entail significant investment requirements from national governments. For sustainability, it will be essential that simultaneous efforts are made to reduce the overall demand for health services by promoting prevention and pursuing effective public health practices, for example in the areas of immunization, nutrition, and healthy behaviors and practices. This will become even more essential in countries with rapidly aging populations.

Finally, there was a strong emphasis on the importance of learning and sharing of best practices.

## **■ CONCLUSION AND NEXT STEPS**

The concluding session was co-chaired by Dr Margaret Chan, Director-General, WHO and Mr Anthony Lake, Executive Director, UNICEF.

Based on this High Level Dialogue, the draft report of the consultation will be revised and finalized by early April, 2013. A brief will also be prepared and submitted to the High-level Panel members who attended the Dialogue, prior to the Bali meeting of the High-level Panel to be held 25-27 March 2013.

The meeting participants also expressed an interest in working together over the next 12-18 months to monitor and review progress on the post-2015 agenda and also facilitate the production of targets and indicators. The group also discussed the need to engage a communications specialist to ensure that the goals, targets and indicators proposed are technically sound while still easy to communicate and understand.

Reverend Dr. John Seakgosing, Minister of Health, Botswana closed the meeting.



Thematic consultation  
High Level Dialogue on Health in the post 2015  
Development Agenda, Botswana 5-6 March 2013  
Participants

**Member States**

- Hon. Rev. Dr John Seakgosing, Minister of Health, Botswana
- H.E Nafsiah Mboi, Minister of Health Indonesia, Chair of WHO South East Asia Regional Committee
- Hon. Dr Jose Viera Dias Van-Dunem, Minister of Health Angola, Chair of WHO African Regional Committee
- Dr Dessi Dimitrova, Deputy Minister of Health Bulgaria, Chair of Standing Committee WHO European Region
- Dr Eduardo Bustos Villar, Vice Minister of Health, Argentina, Vice President of the WHO Americas Regional Committee
- Dr Mohamed Ali Yahia El Abbasi, Federal Ministry of Health, Sudan and Representative of the Chair of the WHO Eastern Mediterranean Regional Committee
- Dr Joy St John, Chief Medical Officer, Barbados, Executive Board Chair, World Health Organization
- H.E. Ambassador Jarmo Viinanen, Permanent Mission of Finland to the UN, President UNICEF Executive Board

**H8**

- Dr Seth Berkley, Chief Executive Officer, The GAVI Alliance
- Dr Margaret Chan, Director- General, World Health Organization
- Dr Mark Dybul, Executive Director, The Global Fund to Fight AIDS, Tuberculosis and Malaria
- Mr Keith Hansen, Acting Vice President, Vice President for Human Development, The World Bank
- Mr Anthony Lake, Executive Director, UNICEF
- Professor Babatunde Osotimehin, Executive Director, UNFPA
- Mr Michel Sidibé, Executive Director, UNAIDS
- Mr Mark Suzman, Managing Director for International Policy and Programs, Bill & Melinda Gates Foundation

### **The Secretary-General's High-Level Panel of Eminent Persons on the Post-2015 Development Agenda**

- Ms Gunilla Carlsson, Minister for International Development Cooperation, Sweden
- H.E Ms Graça Machel, President and Founder, the Foundation for Community Development and the Graça Machel Trust
- Ms Allison Beattie, Health Services Team Leader, Department for International Development, on behalf of UK of High Level panel co-chair, UK
- Dr Alioune Sall, on behalf of High Level Panel Co-Chair, Liberia
- H.E. Ambassador Hiroyasu Kaobayashi, on behalf of Japan High Level panel member
- Dr Cyril Cosme, European and International Affairs Ministry of Social Affairs and Health, France

### **Academic**

- Professor Tim Evans, Dean, James P Grant School of Public Health, BRAC University, Bangladesh
- Dr Sania Nishtar, President, Heartfile, Pakistan
- Professor Anne Mills, Vice-Director, London School of Hygiene and Tropical Medicine
- Professor Gita Sen, Centre for Public Policy, Indian Institute of Management, India
- Professor Srinath Reddy, President, Public Health Foundation of India

### **Civil Society**

- Ms Irina Costache, ASTRA Central and Eastern European Women's Network for Sexual and Reproductive Rights and Health
- Dr Lola Dare, Chief Executive Officer, CHESTRAD International
- Ms Morolake Odetoyinbo, Project Director, Positive Action for Treatment Access, Nigeria
- Ms Bertha Pooley, Consultant, Save the Children Latin America
- Mr Tim Roosen, Coordinator, Action for Global Health
- Dr Amit Sengupta, All India People's Science Network
- Dr Naomi Seboni, President, International Planned Parenthood Federation

### **Private Sector**

- Mr Gary M. Cohen, Executive Vice President of BD (Becton, Dickinson and Company) CEO of the MDG Health Alliance and Acting CEO of GBCHealth, USA
- Dr Craig Friderichs, Director of Health GSM Association, South Africa

### **Youth**

- Ms Roopa Dhatt, President, International Federation of Medical Students Association
- Ms Bolivia Jeremiah, National focal point for the Global Youth Coalition on HIV/AIDs, Botswana

### **Global leaders/individuals**

- Dr Tore Godal, Norway
- Dr Richard Horton, Editor, The Lancet, United Kingdom, Co-chair independent Expert Review Group (iERG)
- Ms Joy Phumaphi, Co-chair independent Expert Review Group (iERG) Executive Secretary of the African Leaders Malaria Alliance
- Dr Suwit Wibulpolprasert, Ministry of Public Health, Thailand
- Dr. Ariel Pablos-Méndez, Assistant administrator for Global Health, USAID
- Mr Robert Greenhill, Managing Director and Chief Business Officer , World Economic Forum

### **Advisors**

- Ms. Andrea Polach, Adviser to the Under Secretary of Health Argentina advisor to Dr. Bustos Villar
- Mr. Vinay Saldanha, Deputy Chief of Staff UNAIDS, Advisor to Mr. Michel Sidibe
- Mr. Kent Buse, Chief of Political Affairs and Strategy advisor to Mr. Michel Sidibe
- Mr. Mbulawa Mugabe, Deputy Director UNAIDS Regional Support Team for East and Southern Africa advisor to Mr. Michel Sidibe
- Ms. Darla Silva, Executive Manager UNICEF, advisor to Mr Anthony Lake
- Dr Andrew Cassels , Director Strategy WHO, advisor to Dr. Margaret Chan
- Ms. Lori Sloate, Deputy Director Advocacy, Public Policy and External Relations- Advisor to Dr. Seth Berkley
- Dr. Triono Soendoro, Senior Advisor to Minister of Health Indonesia, advisor to Dr. Nafsiah Mboi
- Dr. aBudi Dhewajani, Head of Centre for International Cooperation, Ministry of Health, Indonesia, advisor to Dr. Nafsiah Mboi
- Dr. Widiyarti, Head Bilateral and Multilateral Centre for International Cooperation, Ministry of Health, Indonesia, advisor to Dr. Nafsiah Mboi
- Dr. Nurlina Supartini, Head of Minister and Advisors General Affairs Subdivision, Ministry of Health, Indonesia , advisor to Dr. Nafsiah Mboi
- H.E. Sjahril Sabaruddin, Ambassador of the Republic of Indonesia in Pretoria, advisor to Dr. Nafsiah Mboi
- Ms Kanita Sapphaisal, First Secretary Permanent Mission of Thailand to the UN Office, advisor to Dr. Suwit Wibulpolprasert
- Mr Thaweechot Tatiyapermpoon, Second Secretary Permanent Mission of Thailand to the United Nations, advisor to Dr. Suwit Wibulpolprasert
- Dr. Augusto Rosa Neto, Director, Ministry of Health Angola, Advisor to Dr. José Van-Dunen
- Dr. Adelaide de Fatima Carvalho, National Director of Public Health, Advisor to Dr. José Van-Dunen

- Dr Helga Amélia de Campos R .Moreira dos Reis Freitas, Responsible for Health Primary Care, Ministry of Health Angola, Advisor to Dr Van-Dunen
- Mr. Benjamin Katzaff Silberstein, Ministry of Foreign Affairs, Sweden, advisor to Ms. Gunilla Carlsson
- Ms Ann Måwe, Ministry of Foreign Affairs Sweden, advisor to Ms. Gunilla Carlsson
- Dr. Mariam Eva Claeson , Bill and Melinda Gates Foundation, Technical Advisor to Mr Mark Suzman
- Dr. Douglas Webb, Mainstreaming Gender and MDGs, Health and Development Policy UNDP on behalf of Helen Clark, Administrator, UNDP
- Dr Nedret Emiroglughul, Advisor to Minister of Bulgaria Dr Dessi Dimitrova
- Dr Laura Laski, UNFPA, Advisor to Dr Babatunde

#### **Task Team**

- Dr Sheenaz El-Halabi, Deputy Permanent Secretary, Ministry of Health, Botswana
- Dr Themba Moeti, Consultant, Ministry of Health, Botswana
- Dr Anders Nordström, Ambassador for Global Health, Ministry for Foreign Affairs, Sweden
- Ms Johanna Lindgren-Garcia, Department for Multilateral Development Cooperation, Ministry for Foreign Affairs, Sweden
- Dr Ties Boerma, Director, Health Statistics and Information Systems, World Health Organization, Geneva
- Ms Clare Creo, External Relations Officer, World Health Organization
- Dr Mickey Chopra, Chief of Health and Associate Director, Programmes, UNICEF, New York
- Dr Kumanan Rasanathan, Health Specialist, Health Section, UNICEF, New York
- Ms Joanne McManus, Report Writer



## Global thematic consultation on Health in the post 2015 Development Agenda

### High Level Dialogue 4-6 March 2013, Gaborone, Botswana Revised Programme

#### March 4

##### 18.30 Welcome dinner:

Welcome speech:	Hon. Rev. Dr John Seakgosing, Minister of Health, Botswana.
Remarks:	Ms Gunilla Carlsson, Minister for International Development Cooperation, Ministry for Foreign Affairs, Sweden
Introductions/scene setting:	Mr Anthony Lake, Executive Director, UNICEF Dr Margaret Chan, Director General, World Health Organization

#### March 5

##### 7:30 Official opening

His Excellency, the President of the Republic of Botswana Lt. General Seretse Khama Ian Khama

##### 9:30 Health Break

##### 10:00 Lessons learnt from the health related MDGs, including reflections on the Botswana experience.

Chair:	H.E Nafsiah Mboi, Minister of Health Indonesia
Introductory speaker	Ms Morolake Odetoyinbo, Positive Action for Treatment Access, Nigeria
Botswana experience:	Hon. Rev. Dr John Seakgosing, Minister of Health, Botswana.

##### 11:00 How does health fit in the post 2015 development agenda?

Chair:	Dr Seth Berkley, Executive Director, GAVI
Introductory speaker	Professor Gita Sen, Centre for Public Policy, Indian Institute of Management, India

*Discussion around the proposals for overarching goals, indicators; inter-linkages with other sectors, focus on issues raised in in Chapter 4 of report*

**12:00 What are the health priorities for the 15 years after 2015?**

Chair: Professor Babatunde Osotimehin, Executive Director, UNFPA

Introductory speaker: Professor Srinath Reddy, President, Public Health Foundation of India

*Discussion on the unfinished health MDGs and emerging health priorities, focus on issues raised in in Chapter 5 of report*

**13:00 Lunch**

**14:30 Framing the Future Agenda for Health**

Chair Dr Joy St John, Chief Medical Officer, Barbados,

Introductory speaker: Mr Michel Sidibé, Executive Director, UNAIDS

*Discussion on health as a key dimension of the post 2015 development agenda and choosing goals that can reflect a changed world, focus on issues raised in in Chapters 6 and 7 of report*

**16:30 Reflections of the day:** Ms Bolivia Jeremiah, National focal point for the Global Youth Coalition on HIV/AIDS, Botswana

**Summary of the day:** H.E. Ambassador Jarmo Viinanen, Permanent Mission of Finland to the UN,

**17:00 Group Photo**

**19:30 Working Dinner on specific themes, sign up sheet to be circulated.**

(Accountability for better health, Child survival – keeping our promises, Learning from HIV/AIDS, Making Health Systems work for People, Health as part of the broader development agenda, National priorities and strategies as the starting point- the new GFATM funding model, Sexual and reproductive health and rights for young people and Sustainable Health Financing)

## March 6

### 7:30 **Breakfast round table discussions: focus on issues raised in chapter 8 of the report**

Table 1 Chair: Dr Mark Dybul, Executive Director, Global Fund to Fight AIDS, Tuberculosis and Malaria

Table 2 Chair: Dr Sania Nishtar, President, Heartfile, Pakistan

Table 3 Chair: Dr Richard Horton, Editor, The Lancet & Co-chair independent Expert Review Group

Table 4 Chair: Dr Joy Phumaphi, Co-chair independent Expert Review Group & Executive Secretary of the African Leaders Malaria Alliance

Table 5 Chair: Mr Gary M Cohen, Executive Vice President of BD (Becton, Dickinson and Company) CEO of the MDG Health Alliance and Acting CEO of GBCHealth, USA

Table 6 Chair: Mr Robert Greenhill, Managing Director and Chief Business Officer, World Economic Forum

### 9:00 ***The Future Agenda for Health: principles, goals and indicators***

Chair : Professor Anne Mills, Vice-Director, London School of Hygiene and Tropical Medicine

*Discussion on the principles, goals and indicators for the future agenda for health, focus on issues raised in in Chapter 8 of the report, building on breakfast round tables.*

### 10:15 **Health Break**

### 10:30 ***How can key stakeholders and partners, singly and collectively, best help to position health in the post-2015 agenda?***

Chair Dr Jose Viera Dias Van-Dunem, Minister of Health Angola,

Introductory speakers: Dr Lola Dare, Chief Executive Officer, CHESTRAD  
Mr Mark Suzman, Bill & Melinda Gates Foundation

*Focus on issues raised in chapter 9 of the report*

### 11:30 ***Conclusions and way forward***

Co chairs: Mr Anthony Lake UNICEF and Dr Margaret Chan, the World Health Organization

### 13:00 **Closure**

Hon. Rev Dr John Seakgosing, Minister of Health Botswana

### 13:30 **Lunch**