

Health in the Post-2015 Development Agenda

Outline of proposed process for global thematic consultation on health¹

■ BACKGROUND

As the 2015 target date for achieving the Millennium Development Goals (MDGs) approaches, there is lively debate both within and beyond the UN system on the contents and form of the post-2015 agenda. In late 2011, the UN Secretary-General (SG) established a post-2015 UN Task Team, co-chaired by the Department of Economic and Social Affairs (UN DESA) and UNDP. The Task Team is comprised of senior staff from a wide variety of UN organizations and the Bretton Woods Institutions. The main output of the Task Team was to produce a post-2015 “roadmap” for the Secretary General, which was delivered at the beginning of June 2012. This also included a “think piece” on health in the post-2015 UN development agenda which was used as an input into the “roadmap” paper. This “roadmap” paper (“Realizing the Future We Want for All”²) was intended to help to frame the work of the SG’s High Level Panel, which is being convened to guide the SG and the UN in shaping the post-2015 development agenda and in preparing the debate on this topic at the 2013 UN General Assembly. At the start of the 2013 General Assembly there will be a high level summit to review progress on the MDGs and map out a forward-looking agenda.

In addition, the UN Development Group (chaired by UNDP) is leading efforts to catalyze a “global conversation” on the post-2015 agenda through a series of at least 50 national consultations and nine global thematic consultations. The aim of these consultations is to bring together a broad range of stakeholders to review progress on the MDGs and to discuss the options for a post-2015 framework. The nine thematic consultations will deal with topics identified as of particular importance to the post-2015 discussions: conflict and fragility; Environmental sustainability; economic growth and employment; education; food security and nutrition; governance; health; inequalities; and population.

For each thematic area, selected UN organizations will lead the preparation and planning of the consultations in partnership with one or two government leads that will ensure Member State leadership and involvement as well as overall steering. The governments of Botswana and Sweden have expressed interest in taking on this role, and working with WHO and UNICEF in preparing and implementing the thematic consultation on health. This concept note defines the objectives for the thematic consultation on health, describes how it could take place, and identifies the resources needed.

■ OBJECTIVES

The proposed objectives of the consultation process are:

- To stimulate wide ranging discussion at global, regional and country levels, on progress made and lessons learnt from the present MDGs relating to health;
- To discuss and develop a shared understanding – among Member States, UN agencies, civil society and others – on the positioning of health in the post 2015 development framework;
- To propose health goals and related targets and indicators for the post-2015 development agenda, as well as approaches for implementation, measurement and monitoring.

¹ Prepared by WHO & UNICEF with inputs from other UN agencies.

² http://www.un.org/millenniumgoals/pdf/Post_2015_UNTreport.pdf

Additional UN Task Team documents at http://www.un.org/en/development/desa/policy/untaskteam_undf/index.shtml

■ KEY OUTPUT

- A synthesis document of the outcome of the consultations with conclusions on progress and lessons to date and recommendations on how health should be reflected in the post-2015 development agenda, to be submitted to the UN High Level Panel and the UN Secretary-General on the post-2015 development agenda. This document should feed into the overall synthesis that includes all thematic areas, as well as the country consultations.

■ GUIDING QUESTIONS FOR THE CONSULTATIONS

1. **Lessons learnt from the health MDGs:** What are the lessons learnt from the health related MDGs?

- What have been the strengths and shortcomings of the health-related MDGs?
- How useful or damaging have the specific goals, indicators and targets been?
- What are the lessons learnt relating to measuring progress and impact?

2. **Health priorities post 2015:** What is the priority health agenda for the 15 years after 2015?

- What progress has been made towards the health MDGs? What unfinished health agenda remains?
- In what ways are new health needs evolving? Where does health intersect with other development priorities and how can these synergies be leveraged for mutual benefit?
- How has the development landscape changed since 2000?

3. **Framing the future health goal:** How does health fit in the post 2015 development agenda?

- How do health, and health goals, interact with the dimensions of development, as defined in the Task Team paper, namely inclusive human development, environmental sustainability, inclusive economic development and peace and human security (and with goals for these dimensions and the various sectors involved)? How should health be linked with the development of the Sustainable Development Goals?
- How do we ensure that the unfinished MDG agenda is reflected in the post 2015 agenda?
- How can overarching health goal(s) be framed to have traction with politicians and the public; and be amenable to measurement and monitoring?
- How can the promotion of equity, the specific needs of vulnerable and marginalized populations, the recognition of the impact of social determinants, and the implementation of human rights-based approaches be captured in overarching health goal(s)?

4. **Measurement of progress towards the health goals:** What are the best indicators and targets for health?

- Should indicators and targets be framed in terms of health status (e.g. life expectancy, years of healthy life) or could they be framed in terms of the conditions and means that create better health and can protect people from poverty (including universal health coverage)? Or some combination of both?
- How can a very limited number of high level indicators and targets be linked to the much broader monitoring needs of the health sector?
- How can measurement move beyond averages to track progress of different groups within countries?

5. **Ensuring a process and outcome that is relevant to the key stakeholders:**

- How can key stakeholders and partners, singly and collectively, best help to position health in the post-2015 agenda? How can country ownership, commitment, capacity and accountability for the goals, targets and indicators be enhanced?
- How can we ensure effective working relations between countries and key partners in terms of alignment and harmonization with a focus on development results?
- How can civil society and NGOs, as well as the private sector and academia, be engaged more effectively in defining and furthering the health-related goals and targets, while also bearing in mind their accountability and responsibility?

As noted above, the product of the consultation process will be a report that summarizes the discussions and sets out a series of recommendations agreed upon at a final high-level meeting on how health should be positioned in the post 2015 development agenda. This will include the key principles that should guide what the post-2015 health agenda should look like, as well as a well-balanced synthesis of the different proposals generated during the process. This paper shall be ready by the end of March 2013 and be based on a series of consultations and inputs, taking into consideration the outputs of the other thematic consultations and national consultations, and will be produced by the Consultation Task Team (see below).

■ PROCESS

An effective thematic consultation on health will require the setting-up of a number of mechanisms and processes. This process will be as open and transparent as possible and will ensure inputs from a range of different stakeholders. However this process will not be the only one relating to the MDG post-2015 health agenda and will not aim at coordinating all initiatives. It will instead try to capture as much as possible, in terms of the various discussions and analyses occurring in different fora.

1. Background papers

In support of the consultation process, background papers will be commissioned on issues relevant to the key questions. These will include the “think piece” prepared by WHO, UNICEF, UNFPA and UNAIDS³, and a paper specifically focused on health related indicators and targets. A shorter version of the existing paper and a technical paper on monitoring of the goals will be produced to guide the debate. The papers should reflect national, regional and global perspectives.

The consultation process will also attempt to benefit from the large amount of existing papers and knowledge that could usefully inform the place of health in the post-2015 development agenda. All constituencies and stakeholders will be invited to submit existing or new material as background papers to inform the discussions and contribute to the final outcome document resulting from the global thematic consultation. These individual background papers, subject to review by the Consultation Task Team, will be published on the dedicated webspace for the consultation. In addition, the possibility of publishing papers in peer-reviewed journals will be explored.

2. Web-based consultation

The web-based consultation is an opportunity for a multitude of voices to be heard, including from governments, the UN system, civil society stakeholders, academia, media, national and international non-governmental organizations (NGOs), and the private sector. This will involve the use of an online space (or spaces) for discussion and solicitation of feedback through a number of channels (e.g. webinars/ online discussions, polls, surveys, and moderated discussions) on the key questions.

The UN, in collaboration with civil society, is developing an online platform for stimulating multi-stakeholder engagement around the post-2015 agenda. This platform (www.worldwewant2015.org) was launched in July 2012. The platform will be used for online discussions and consultations with different groups and constituencies. In addition, explorations are under way on the potential role of social media platforms. Such social media could include -- but not necessarily be limited to -- Facebook, Twitter, Google+. UN Global Pulse will be involved in the analysis of some of the post-2015 agenda conversations currently taking place through these social media platforms. Post-2015 specific platforms (e.g. the Overseas Development Institute (ODI) platform: <http://post2015.org/>) offer potential for additional engagement. However, given limited human and financial resources, the process of engagement will have to be strategic, focusing on those platforms with the highest potential value that offer the greatest opportunities for broad engagement.

The information generated through this engagement (e.g. summaries of discussion, statements and inputs from civil society organizations, poll and survey results) will be synthesized and presented at the final meeting. The synthesis itself would go through comment and revision online before it is finalized.

³ http://www.un.org/millenniumgoals/pdf/Think%20Pieces/8_health.pdf

Additional thematic think pieces at the http://www.un.org/en/development/desa/policy/untaskteam_undf/them_tp.shtml

3. Consultations

Several meetings are proposed:

- A meeting of Member State representatives (mission delegates) hosted by WHO in Geneva, Switzerland to seek broad-based inputs from Member States (prime organizer – WHO);
- A meeting of civil society organizations that bring together key international health NGOs and NGO coalition representatives to discuss how to build broad-based consensus around health in the post-2015 agenda and consider ways of enhancing accountability mechanisms and involving civil society (prime organizer – civil society coalition);
- A meeting of private sector partners to discuss private sector contributions and assessment of MDG progress as well as priorities for the future (prime organizer – private sector partner/s).
- A meeting of representatives of academic and research institutions, to review experiences with the MDG monitoring process, discuss new goals, indicators and targets for health, examine measurement challenges and propose how they can be dealt with (prime organizer – academic institution).
- A high-level leadership meeting involving approximately 40 high-level participants (e.g. government representatives, key thinkers, major civil society/international NGO coalitions, key UN partners, members of the Secretary-General's High Level Panel) to discuss the synthesized report of the consultation processes and develop a statement or recommendations on how the findings should be integrated into the formal post-2015 formal negotiations. This meeting will be held at the end of the consultation process, in early March 2013 .
- Linking with other global meetings: it will be critical to link with and incorporate the results of other global, regional and country meetings.

The output paper will aim to reflect the richness of these different means of consultation, with the high-level meeting's endorsement for consideration by the High Level Panel and the UN Secretary-General. The aim is to build powerful consensus around key issues and ways they can be addressed, with the further aim of feeding into the intergovernmental discussions on the new development agenda at the General Assembly in September 2013.

4. Other consultations

Given the high costs of organizing multiple meetings in different parts of the world, regional and country inputs will largely be solicited through the web-based consultations. The UNDP-led country consultation process, however, provides an important opportunity to consult countries. It should be managed in such a way as to generate significant inputs into the health theme. In addition, products from other thematic consultations will be taken into account, as they are made public.

In addition, consideration will be given to soliciting the inputs of international leaders in public health through an informal consultation focusing on the main questions. The outcome of this consultation will be posted on the web.

UN partners, including UNAIDS, UNDP, UNFPA, OHCHR and others, will be an integral part of the process of consultations. This will include participation in the meetings listed under Point 3 as well as interagency discussion facilitated by WHO and UNICEF. Regular conference calls will be held to share information and plan participation in events.

The H8 – an informal meeting platform for senior leaders of WHO, UNICEF, UNAIDS, UNFPA, World Bank, GAVI Alliance, Global Fund and the Gates Foundation – will discuss health in the post-2015 development agenda.

■ ORGANIZATION AND IMPLEMENTATION

In order to manage and implement all elements of this consultation the following will be put in place;

1. A work plan and budget

Based on the above suggested processes and activities a work plan with clear time lines and deliverables will be developed as well as an associated budget. WHO and UNICEF are responsible for ensuring necessary coordination with UNDP/DESA – UNDG and the overall process.

2. A Consultative Task Team

A small Consultative Task Team (CTT) will be set up to guide the work and to ensure effective coordination. The team will include a representative from each of WHO and UNICEF as well as representatives of government leads. The project manager will participate as well (see below).

3. A Secretariat

A secretariat with a project manager will be established. The secretariat will include communication, administrative and logistical competence.

4. UN interagency group

The members are OHCHR, UNAIDS, UN DESA, UNDP, UNFPA, UNICEF, WHO. Regular conference calls will be held to discuss the progress, review documents and share findings.