



APPG on Global Health – Wednesday 21st November Health in the Post-2015 Development Framework: What next after the Millennium Development Goals?

Professor Sir Andy Haines

Recognised some of the deficiencies of the MDGs in missing important health issues (e.g. NCDs), not measuring inequities within or between countries and only achieving progress in sporadic geographical and policy areas – but MDGs have drawn widespread international attention to international development and a focus on data-driven policy making.

Post 2015, work must focus on the determinants of health – ¼ of global disease burden can be attributable to the environment. Indicators and goals could be built linking sustainability and health:

1. Fine particulate air pollution kills women and children whilst contributing to climate change.
2. Road traffic accidents account for 1.3 mill deaths annually, contribute to air pollution and indirectly encourage sedentary lifestyles.
3. Malnourishment and stunting affect long-term growth and cognition whilst obesity causes a huge disease and indirectly drives climate change through encouraging car use.
4. Climate change will impact on clean water supply and sanitation.

Health needs to be integrated with other sectors to achieve greater buy in for health. The lack of family planning and contraception for 220 million women is often ignored, but growing populations in emerging economies are likely to contribute to increasing greenhouse gas emissions. SDGs will not be comprehensive – all issues will not be included, but health is relevant to all SDGs. NGOs will be important in continuing to press for the importance of those issues left out of the final goals. Healthy life expectancy is one bottom line indicator that could measure all these things.

Dr Richard Horton

“Sustainable” development is about interdependence, shared threats and common solutions – different to ending poverty, although much remains to be finished from MDGs. 26 disparate priorities emerged from Rio +20, which have been narrowed to 9 Sustainable Development Goals: Inequalities; Population; Education; Economics; Conflict; Governance; Environment; Nutrition; Health. The health community has coalesced around one goal for health, especially in the context in the funding flatlining – universal health coverage.

Universal health coverage unites irreconcilable strands: health systems strengthening and vertical programmes; non-communicable and infectious diseases for example. HIV shares many of these broad themes, and therefore the AIDS community is ideally placed to build a coalition around universal coverage.

Address: Office of Lord Crisp, Fielden House, 13 Little College St, London SW1P 3SH

Website: www.appg-globalhealth.org.uk

Twitter: @APPGGlobHealth



But there are problems: coverage a process indicator and does not include health determinants. The high-level panel in the SDG decision-making process is composed of finance and foreign ministers reflecting a commitment to security and the economy over development. Universal Health Coverage is about political commitment, not just technicalities.

Dr Titilola Banjoko

Speaking from an African perspective, MDGs have brought increased funding but are sometimes prioritised over national policies. Disease-specific priorities have done well but this hasn't trickled into health systems strengthening. SDGs should be careful to consolidate the fragile gains made by the MDGs. With high competition between advocacy groups, listening to local communities is necessary to create real partnership. China's role in Africa needs to be scrutinised to ensure that it is offering support to national governments rather than pursuing its own agenda. The model proposed includes a much more expanded list than 8 MDGs or 9 SDGs, from which countries can prioritise those that are important.

DfID: The countries that have been most successful in achieving the MDGs, like China and India, are those that did not allow national policy to be dictated by international financing. Health should be protected in a post-MDG framework but that should not be to the exclusion of other important sectors. The focus on MDGs must be maintained if they have not been achieved. DfID has no strong view on SDGs at present but is in "listening mode".

David Evans, WHO: Health impacts upon other sustainable development and sustainable development impacts health – healthy life expectancy could be the overall indicator for sustainable development, not just the health goal. Universal coverage incorporates access to health services without being impoverished – thus including health services (both treatment and prevention) and financial risk reduction. WHO believes universal health coverage is goal in itself, not just a means to achieving a healthy life, and is a useful advocacy message.

Alvaro Bermejo, representing NGOs: NGOs need to speak up for the local communities who are not concerned about the expiration of the MDGs or the post-MDG framework – they expect an unfinished agenda to be completed, anything else is running away. SDGs must not be not a 'replacement' for MDGs. Many NGOs do not see universal health coverage necessarily as a means in itself; governance issues and determinants of health are just as important. The 10 NGOs are united around some accountability mechanism – UNAIDS has been very successful in generating responses from all nations for its reports, the same should be true for reports on SDGs.

Audience: The audience raised the central issues of population growth and women's health – it was recognised that universal family planning provision was important to this. NCDs will be of growing importance in low income countries, including mental health and dementia despite difficulties measuring them. The gap in surgical provision was highlighted as a major cause of death, and the role of NGOs, private healthcare providers and non-healthcare corporations in providing healthcare and in formulating the SDGs was debated. Comments were also made about the importance of transparency and corruption in universal coverage.

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