

# Positioning Health in the Post-2015 Development Agenda

## WHO discussion paper

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This note is by the World Health Organization (WHO) is intended as a discussion paper on the position of health in the post-2015 agenda. This paper focuses on content, identifying a series of issues that need to be addressed in framing future health goals and discussing ways in which Universal Health Coverage might be used as a way of bringing all programmatic interests under an inclusive umbrella and explaining its relationship to the achievement of gains in healthy life expectancy. The purpose of these papers is to provoke discussion rather than present definitive positions. They will be revised and updated as the process evolves.

### ■ BACKGROUND

The Millennium Development Goals (MDGs) have proven to be a powerful force in maintaining political support for development. The simplicity of the framework, readily understandable objectives, and focus on quantitative monitoring have proved durably engaging. The debate about how the next generation of global goals post-2015 raises important questions about how progress in improving human health should be reflected in any future set of goals.

### ■ CONTEXT

The way goals and indicators are defined influences how the world understands development. In this sense, goals shape political agendas and influence resource transfers.

- As a consequence, the process is likely to be highly *competitive*, not just between the sectoral interests that define the outcomes of development, but equally between the preferred means by which outcomes should be achieved and measured.
- Secondly, the current MDGs were conceived as a compact between what developing countries aspired to achieve and what the developed world needed to do to ensure progress. Future goals are more likely to be framed in terms of global challenges that require shared solutions.
- Thirdly, while a new generation of goals offers a means of measuring progress across the economic, social and environmental pillars of sustainable development (and health is well suited to do this), institutional arrangements at a global level for ensuring such policy coherence remain weak.
- Lastly, multiple consultative and deliberative processes are already taking place. Given limited time, scarce resources and a fast-moving target, a strategic approach to influencing outcomes is needed.

### ■ HEALTH AND DEVELOPMENT

Health is central to development: it is a precondition for, as well as an indicator and an outcome of progress in sustainable development. Nevertheless, while there is no doubt that health must have a place in the next generation of development, a convincing case needs to be made for how a health goal should be framed. The debate to date suggests that three sets of issues need to be addressed.

## **1. Unfinished business:** sustaining gains, protecting investments

In many low and middle-income countries health progress over the past decade has been impressive. Child and maternal mortality have declined at unprecedented rates in many countries, and demonstrable progress has been made against AIDS, tuberculosis and malaria. At the same time, much needs to be done beyond 2015 to sustain the gains that have been made to date and to ensure more equitable levels of achievement across countries, populations and programmes.

While it is no longer viable to argue for merely extending the time frame and making minor adjustments to the current framework of goals and targets, the search for better ways to define development and measure its progress should not undermine continuing work on the current set of MDGs.

Moreover, with three and half years still to go before the MDG end point, it will be sometime *after* 2015 before achievement against the existing goals can be fully assessed. There is thus a need a) to continue to ensure progress against the current set of health goals; b) to back national efforts with the advocacy work needed to sustain the necessary political commitment and financial support; and, crucially, c) to maintain levels of investment in national and international systems for tracking results and resources.

## **2. The changing agenda for global health**

The agenda for global health is changing in ways that influence how priorities for development will be defined in the future. The major change is the political recognition of the societal and economic impact of non-communicable diseases. However, the implication is not that non-communicable diseases (NCDs) replace other priorities. Rather it is that people should have access to *all* the services they need, including sexual and reproductive health, and that action extends to the social, economic and environmental determinants of health and not just the biomedical causes of illness.

In contrast to the current set of health-related MDGs, there is now a greater recognition of the need to focus on means as well as ends: health as a human right; health equity; equality of opportunity; global agreements (International Health Regulations, Pandemic Influenza Preparedness framework) that enhance health security; stronger and more resilient health systems; innovation and efficiency as a response to financial constraints; addressing the economic, social and environmental determinants of health; and multi-sectoral responses that see health as an outcome of all policies.

It can therefore be argued that the health agenda has broadened and that "new" issues such as non-communicable diseases, health systems, determinants and health security need to be reflected in goals or targets. However, in the current context promoting a long list of competing health goals will be counterproductive. The alternative is to build the case that health is a concern to all people, and is influenced by and as well contributing to policies across a wide range of sectors. The challenge then becomes one of deciding how "health" in this broad sense can be characterized in a way that is measurable and generates political traction and public understanding.

## **3. Health in the context of sustainable development**

The development agenda post-2015 is being debated at a time when sustainable development is in the political foreground. While the first draft of the Rio + 20 outcome document was disappointing, health is relatively well reflected in the final version of "The Future We Want".

In addition to the fact that healthy people have stronger cognitive and physical capabilities and, in consequence, make more productive contributions to society, health policy *contributes* to poverty reduction through the financial protection inherent in universal health coverage. Changes in population growth rates, age structures and distribution of people are also closely linked to national and global development challenges. In addition, health is also a potential *beneficiary* of policies in a wide range of other sectors such as transport, energy and urban planning. And health metrics can measure progress across the economic, social and environmental pillars of sustainable development.

Health outcomes can be defined precisely and are measurable, and health concerns are immediate, personal and local. Measuring the impact of sustainable development on health can generate public and political interest in a way that builds popular support for policies that have more diffuse or deferred outcomes (such as reducing CO<sub>2</sub> emissions)<sup>1</sup>. Similarly, health is an important component of other “holistic” approaches to development that seek to replace or supplement GDP as the main indicator of economic progress.

## ■ UNIVERSAL HEALTH COVERAGE (UHC) AND HEALTHY LIFE EXPECTANCY

This section explores the potential for using Universal Health Coverage in the post-2015 agenda as a way of accommodating the wide range of health concerns discussed above. As a starting point, it is important to be clear as to what is meant by UHC; how UHC can accommodate and accelerate the achievement of and not compete with other more specific programmatic health goals; and how progress in UHC can be measured.

- The goal of achieving UHC has two inter-related components – coverage with needed health services (prevention, promotion, treatment and rehabilitation) and coverage with financial risk protection, for everyone.<sup>2</sup>
- Universal Health Coverage is a **dynamic process**. It is *not* about a fixed minimum package, it is about making progress on several fronts: the range of services that are available to people; the proportion of the costs of those services that are covered; and the proportion of the population that are covered. Few countries reach the ideal, but all – rich and poor – can make progress. It thus has the potential to be a universal goal.
- Moving towards universal coverage requires a **strong, efficient health system** that can deliver quality services on a broad range of country health priorities. This requires health financing systems that raise sufficient funds for health, access to essential medicines, good governance and health information, people-centered services, and a well-trained, motivated workforce, for example.
- Access to needed services improves or maintains health, allowing people to earn incomes, and children to learn – providing them with a means to escape from poverty. At the same time, financial risk protection prevents people from being pushed into poverty because of out-of-pocket payments for health. UHC is thus a critical component of sustainable development and poverty reduction.
- Universal Health Coverage offers a way of **sustaining gains and protecting investments** in the current set of health-related MDGs – providing a vehicle for sustained technical and financial support after 2015.
- Similarly, it offers a way of accommodating **the changing agenda for global health** particularly the need to address NCDs avoiding unhelpful competition between communicable and non-communicable disease interests. Meaningful universal coverage with health services requires that people have access to all the services they need including those relating to NCDs, mental health, infectious diseases, reproductive health etc.
- Following on from this point, using UHC as an overarching goal offers a way of accommodating and maintaining the visibility of **other internationally agreed health goals** that relate to specific diseases (AIDS, tuberculosis, malaria; NCD mortality; and other conditions and coverage targets) as sub-goals.
- UHC is, by definition, a practical expression of the concern for **health equity and the right to health**. Moreover, access to services when needed and financial protection are valued for their own sake. People sleep well at night knowing that the health services they might need are available, of good quality, and affordable.

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<sup>1</sup> WHO is working with a wide range of stakeholders on how health can be used as a measure of progress in sectors such as sustainable energy that may themselves be the subject of future goals. In addition WHO is working with UN Water and the UN Secretary-General’s Advisory Group on Water and Sanitation on framing a water-related goal. Using health as a measure of progress in other sectors, and framing goals which have a direct positive impact on health (such as water and sanitation) complements the overall strategy of framing one or more overall health goals.

<sup>2</sup> WHO. Health Systems Financing: the Path to Universal Coverage. World Health Report 2010.

## ■ INDICATORS AND TARGETS

A single overarching health goal only makes sense if progress can be reliably measured. Universal Health Coverage with essential health interventions and financial risk protection provides a framework for a broad and flexible approach in which equity is a central feature.

As a way of tracking progress in health Universal Health Coverage has several advantages. Because it implies a commitment to equitable access and coverage of health services, with financial protection, it can be measured in ways that are **adapted to individual country circumstances** – which is critical for enhancing national ownership. In other words, countries can monitor coverage in the areas most important to them, incorporating existing MDGs as well as the new health agenda. Monitoring coverage can accommodate reproductive, maternal, newborn and child health, AIDS/tuberculosis/malaria, neglected tropical diseases, mental health, cardiovascular diseases, cancers, injuries and any others depending on epidemiology. Similarly, measures of progress in financial protection can be geared to the specific policies and circumstances of the country concerned<sup>3</sup>.

High-level monitoring at an aggregate level is equally possible for reporting **international progress towards UHC** as part of a framework of international development goals. It can best be done through a small set of tracer indicators – that can be reported along with financial risk protection – or in a summary measure.

## ■ HEALTHY LIFE EXPECTANCY

Clearly, although the two components of UHC are valued for their own sake, they also contribute to reductions in mortality, morbidity and disability, in all populations. In this sense, an increase in life expectancy is an indicator and outcome of progress toward UHC. Life expectancy is a good summary measure of mortality at all ages and for all causes. It can be measured reliably, including in ways that show changes in equity between and within countries, although there are still major data gaps.

Healthy life expectancy would be an even better measure of progress since it captures not just mortality, but morbidity and disability as well. At present, direct, reliable and comparable measurement of healthy life expectancy is still a challenge, and more work needs to be done to overcome these challenges.

The health sector is but one contributor to increasing life expectancy, which also depends on a wide variety of other factors, including broader development policies and other social, economic and environmental determinants of health. Healthy life expectancy is therefore better seen as an overarching measure of *all* aspects of development including, but not limited to health.

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<sup>3</sup> More detail on measuring progress toward UHC is available in a paper presented in Bellagio in September 2012 by David Evans, Priyanka Saxena, Riku Elovainio and Ties Boerma