

Global thematic consultation on health in the post-2015 agenda



**THE
WORLD
WE WANT**

Main components of the consultation

- **Web consultation – October to December 2012**
 - 106 papers submitted by civil society, academics, international agencies, development agencies, etc.
 - www.worldwewant2015.org/health
- **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”**



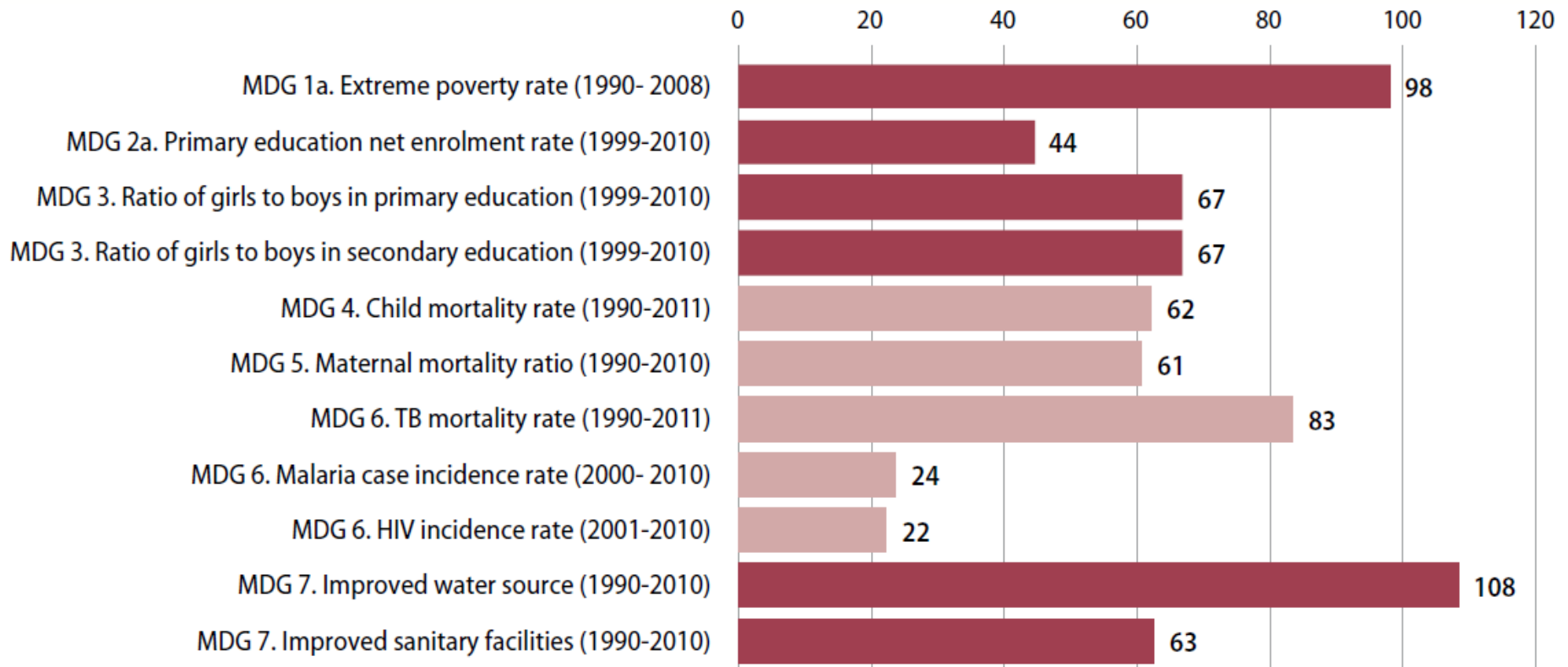
1. *Lessons learnt from the health MDGs*

- **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)

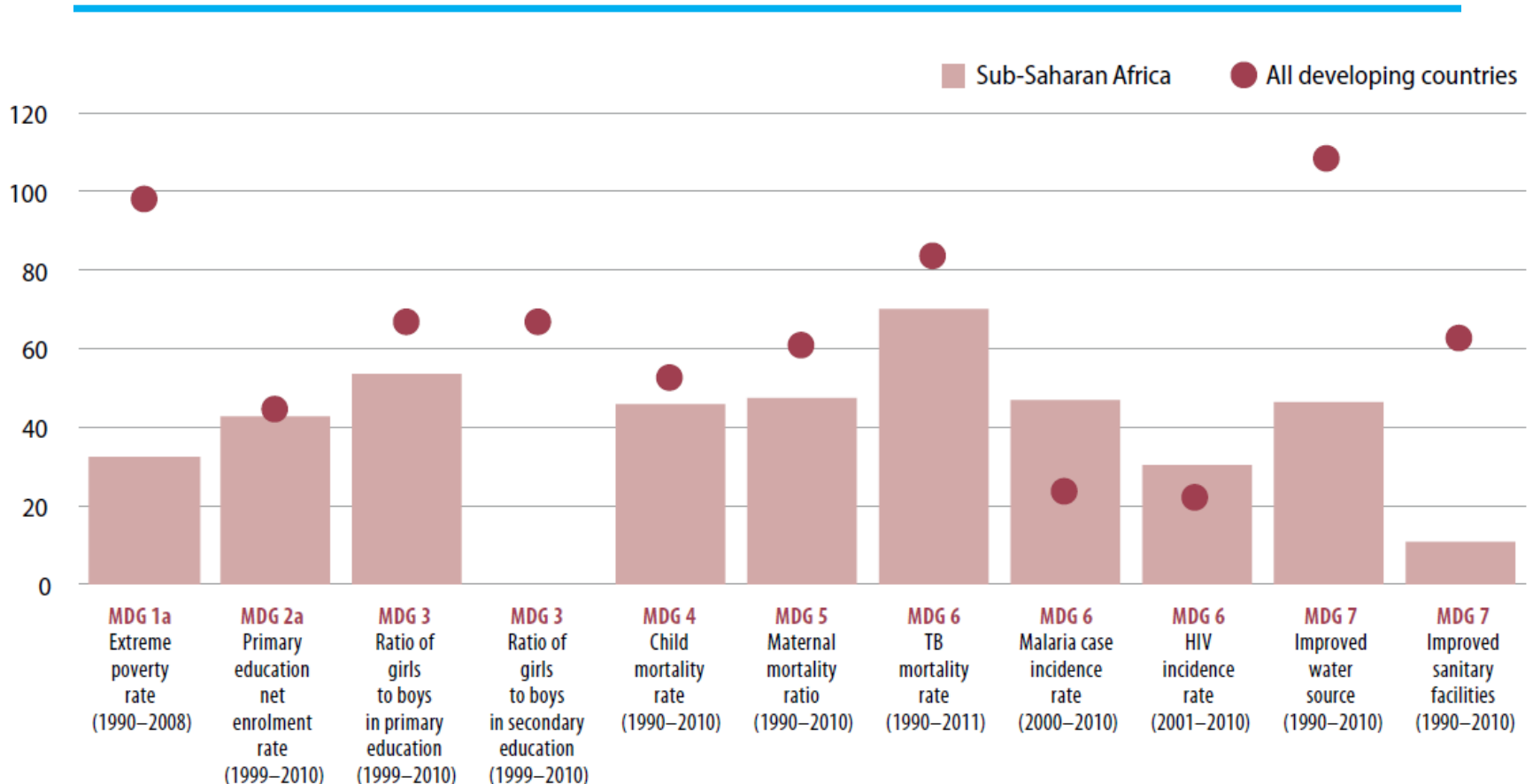


Note: The following targets were used: MDGs 1, 6 (TB), and 7: halve the rate; MDG 2a: 100%; MDG 3: 1; MDG 4: reduce by 2/3; MDGs 5 and 6 (malaria): reduce by 3/4; MDG 6 (HIV): zero incidence (the target of “halt or reverse the epidemic” was fully met).

Source: UN Statistical Division. *The Millennium Development Report 2012*. New York, 2012; WHO. *World Health Statistics 2013*. Forthcoming.

Inequities between regions

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



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).

Source: UN Statistical Division. *The Millennium Development Report 2012*. New York, 2012; WHO. *World Health Statistics 2013*. Forthcoming.

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



1990

Global disability-adjusted life year ranks between 1990 and 2010

2010

Mean rank (95% UI)	Disorder	Disorder	Mean rank (95% UI)	% change (95% UI)
1.0 (1 to 2)	1 Lower respiratory infections	1 Ischaemic heart disease	1.0 (1 to 2)	29 (22 to 34)
2.0 (1 to 2)	2 Diarrhoea	2 Lower respiratory infections	2.0 (1 to 3)	-44 (-48 to -39)
3.4 (3 to 5)	3 Preterm birth complications	3 Stroke	3.2 (2 to 5)	19 (5 to 26)
3.8 (3 to 5)	4 Ischaemic heart disease	4 Diarrhoea	4.9 (4 to 8)	-51 (-57 to -45)
5.2 (4 to 6)	5 Stroke	5 HIV/AIDS	6.6 (4 to 9)	351 (293 to 413)
6.3 (5 to 8)	6 COPD	6 Low back pain	6.7 (3 to 11)	43 (34 to 53)
8.0 (6 to 13)	7 Malaria	7 Malaria	6.7 (3 to 11)	21 (-9 to 63)
9.9 (7 to 13)	8 Tuberculosis	8 Preterm birth complications	8.0 (5 to 11)	-27 (-37 to -16)
10.2 (7 to 14)	9 Protein-energy malnutrition	9 COPD	8.1 (5 to 11)	-2 (-8 to 5)
10.3 (7 to 15)	10 Neonatal encephalopathy*	10 Road injury	8.4 (4 to 11)	34 (11 to 63)
11.3 (7 to 17)	11 Low back pain	11 Major depressive disorder	10.8 (7 to 14)	37 (25 to 50)
11.8 (8 to 15)	12 Road injury	12 Neonatal encephalopathy*	13.3 (11 to 17)	-17 (-30 to -1)
12.9 (8 to 16)	13 Congenital anomalies	13 Tuberculosis	13.4 (11 to 17)	-19 (-34 to -6)
15.0 (8 to 18)	14 Iron-deficiency anaemia	14 Diabetes	14.2 (12 to 16)	69 (58 to 77)
15.2 (11 to 18)	15 Major depressive disorder	15 Iron-deficiency anaemia	15.2 (11 to 22)	-3 (-6 to -1)
15.3 (3 to 36)	16 Measles	16 Neonatal sepsis	15.9 (10 to 26)	-3 (-25 to 27)
15.4 (8 to 24)	17 Neonatal sepsis	17 Congenital anomalies	17.3 (14 to 21)	-28 (-43 to -9)
17.3 (15 to 19)	18 Meningitis	18 Self-harm	18.8 (15 to 26)	24 (0 to 42)
20.0 (17 to 26)	19 Self-harm	19 Falls	19.7 (16 to 25)	37 (20 to 55)
20.7 (18 to 26)	20 Drowning	20 Protein-energy malnutrition	20.0 (16 to 26)	-42 (-51 to -33)
21.1 (18 to 25)	21 Diabetes	21 Neck pain	21.1 (14 to 28)	41 (28 to 55)
23.1 (19 to 28)	22 Falls	22 Lung cancer	21.8 (17 to 27)	36 (18 to 47)
24.1 (21 to 30)	23 Cirrhosis	23 Cirrhosis	23.0 (19 to 27)	28 (19 to 36)
25.1 (20 to 32)	24 Lung cancer	24 Other musculoskeletal disorders	23.1 (19 to 26)	50 (43 to 57)
25.3 (18 to 34)	25 Neck pain	25 Meningitis	24.4 (20 to 27)	-22 (-32 to -12)
	29 Other musculoskeletal disorders	32 Drowning		
	33 HIV/AIDS	56 Measles		

■ Communicable, maternal, neonatal, and nutritional disorders

■ Non-communicable diseases

■ Injuries

— Ascending order in rank

--- Descending order in rank

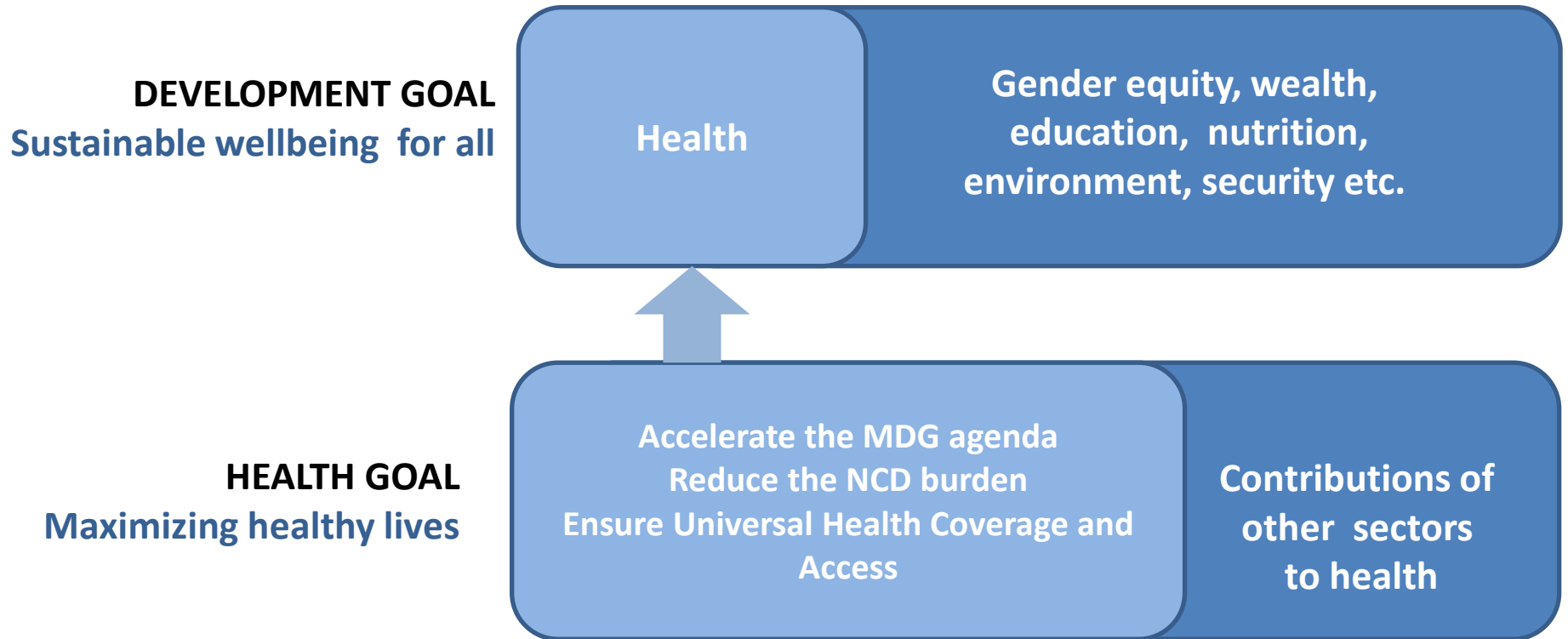
3. The role of health in the broader post-2015 development agenda

- 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

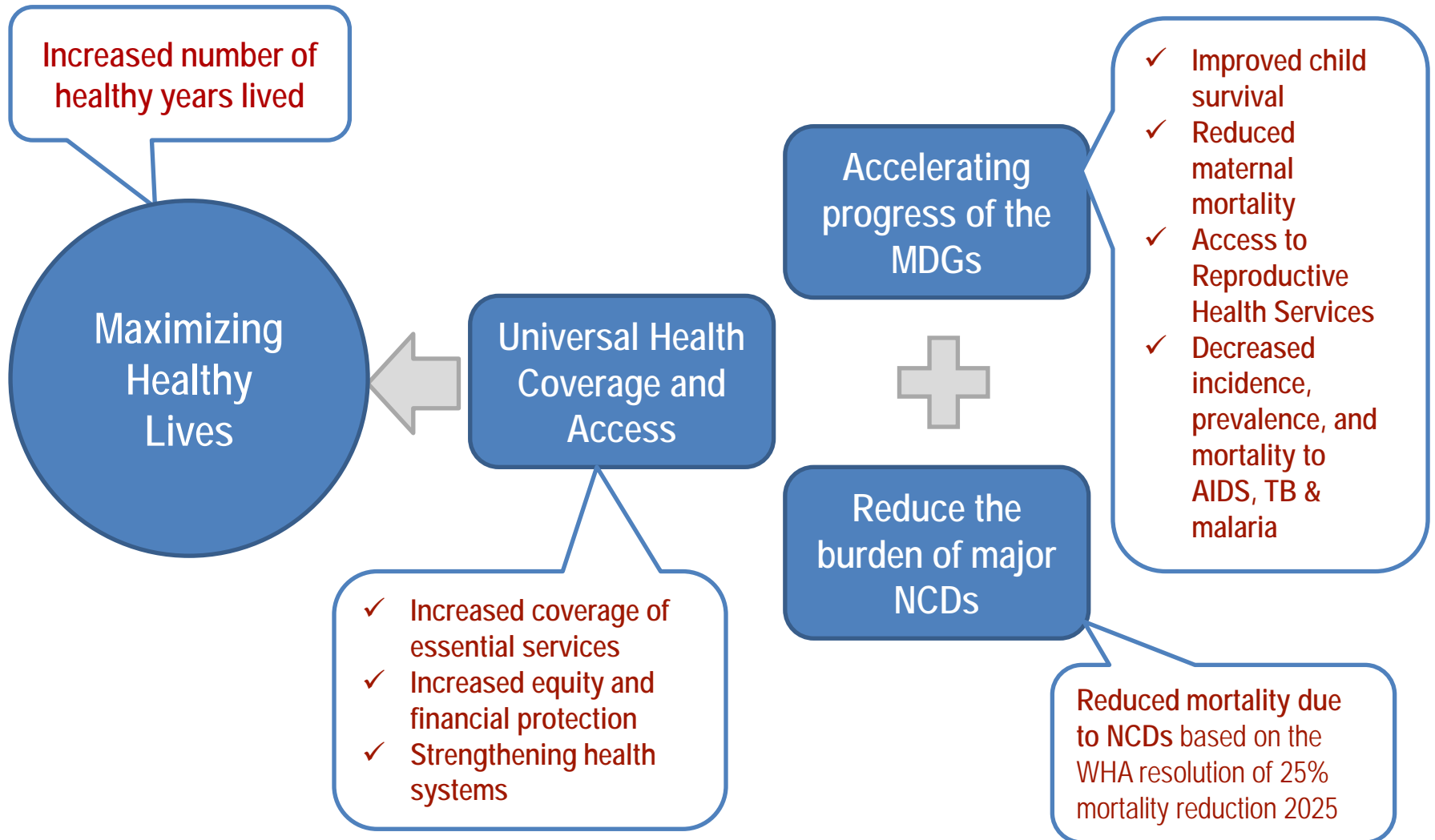


4. Potential goals and targets

The suggested post-2015 framework



The suggested framework for Health Goals post 2015



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*

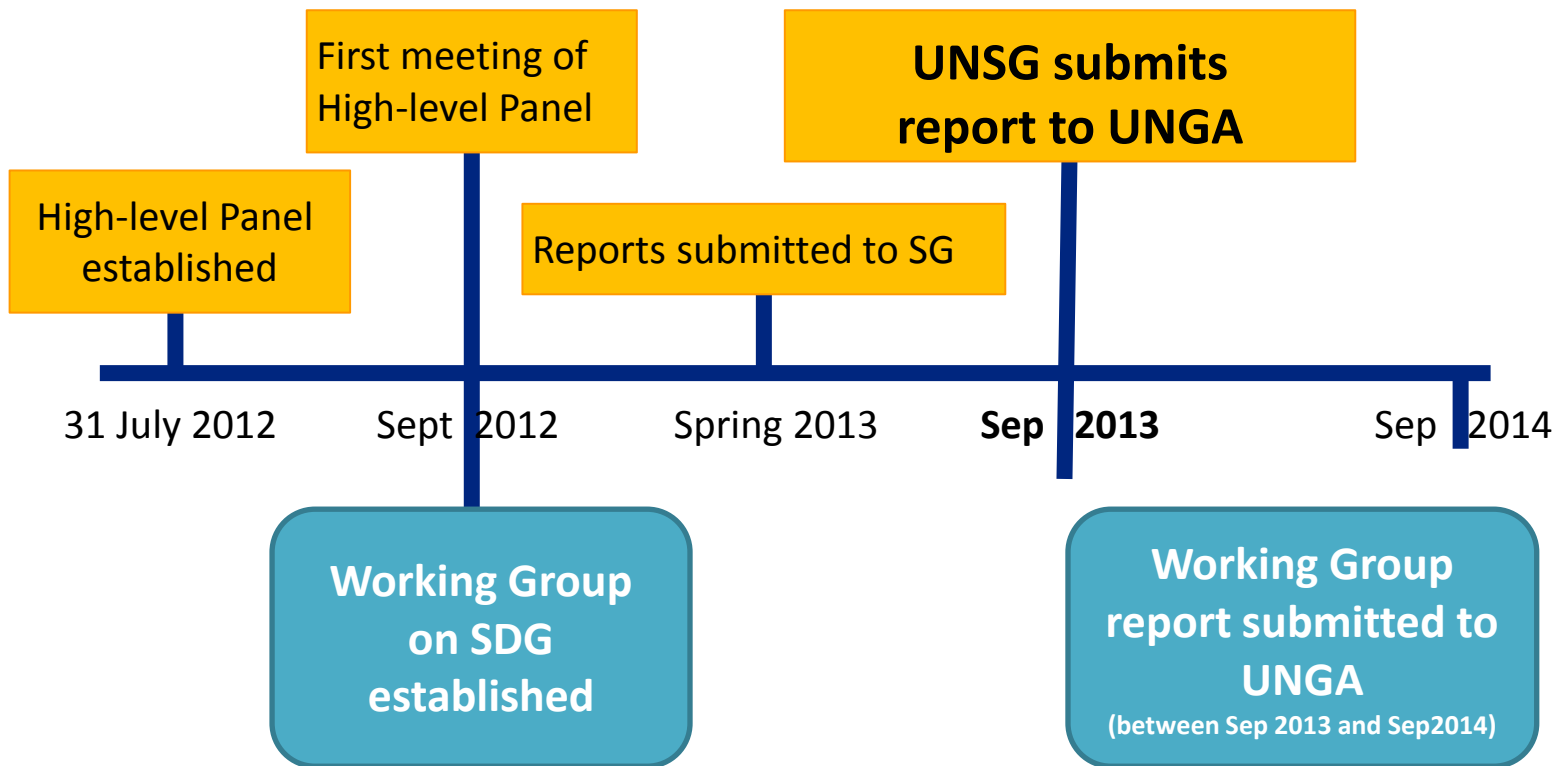


Next steps: *UNGA 2013 and beyond*

Timelines

Post-2015 Framework
Mandated by 2010 MDG Summit

SDG Process
Mandated by Rio+20 Outcome Doc



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Health in the Post-2015 Development Agenda



The World We Want

How to participate ?



Read and share the final report of the health thematic consultation.

Join in via Twitter using #health2015

This is a public consultation: the information you post here is public and may appear in search results.

Health thematic online consultation ?

Welcome! This platform is an open and inclusive consultation space to discuss the role of health in the post-2015 development agenda. The platform is co-convened by WHO and UNICEF, in collaboration with the Government of Sweden and the Government of Botswana.

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 e 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

Reports from consultations ?

Central and Eastern Europe Health Consultation. Moscow, 26-27 January 2013.

Administrator on Sat, March 16, 2013 at 01.27 pm
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Civil society consultation on health in the post-2015 development agenda. PROCOSI, January 2013.

Administrator on Sat, March 16, 2013 at 01.26 pm
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Key documents ?

Update on health thematic consultation, 14 January 2013.

Outline of proposed process for global thematic consultation on health. October 2012.



UN System Report: Realizing the Future We Want for All. July 2012.

Health in the post-2015 UN development agenda: thematic think piece. UNAIDS, UNICEF, UNFPA, WHO. May 2012.

Digests of papers ?

7 December 2012 | NGO perspectives on the post-2015 agenda for health

by Administrator Tue, January 22, 2013 at 09.57 am

16 January 2013 | Fragile states and neglected diseases: priorities for the post-2015 agenda