HEALTH IN THE POST-2015 DEVELOPMENT AGENDA

An analysis by

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HEALTH IN THE POST-2015 DEVELOPMENT AGENDA

An analysis of the UN-led thematic consultations, High-Level Panel report and sustainable development debate in the context of health

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Executive Summary

Health in a wider sense, including the social determinants of health, needs to be prominently positioned in the post-2015 development framework. That is the expectation of the global health community. Eleven UN-led thematic consultations recently prepared thematic reports on health, governance, conflict and fragility, inequalities, food security and nutrition, water, energy, economic growth and employment, education and population. In this paper we have reviewed the 10 non-health thematic papers. Our task was to analyse the extent to which they refer to the global health agenda – in particular the extent to which they make reference (directly or indirectly) to the social determinants of health (SDoH). In order to review the post-2015 development debate comprehensively, we have also analysed the High-Level Panel's report and the sustainable development goals debate, including the declaration of the Rio +20 summit.

The positioning of health is an urgent challenge as discussions of the post-2015 agenda rapidly advance. It is crucial for health advocates in the next stages of negotiation to know the extent to which key global health concepts and priority issues have been understood, integrated and referenced by other thematic areas and the parallel debate on sustainable development goals (SDGs). This applies to the SDoH, the major health security challenges, as well as the unfinished and "new" health agenda, such as non-communicable diseases and mental health (NCDs).

The next steps imply the need to ensure recognition of the key governance challenges encountered in health. In particular, the human rights and equity challenge in the governance of the health system and what we have come to call governance for health in other sectors. Within the health arena, universal health coverage (UHC) and social determinants of health have come to stand for these two dimensions of governance and are central to any goals that might be defined for health in the post-2015 agenda.

The view that development issues are interconnected is prominent in all thematic reports. There is also a clear awareness that development issues have a strong political dimension and are not merely technical problems. This supports and is consistent with a SDoH perspective.

A narrative is emerging that a post-2015 development framework must move beyond simply 'closing the gap' – it a must be a truly global partnership which works on global solutions to global problems. It must be said, however, that this view is not shared by all health advocates. It will be a critical issue to resolve: the health thematic report clearly states that work must continue to complete the MDG health agenda –how this might be best be done is part of the new challenges.

The thematic papers possess a high awareness that future goals must take into account a new context: multi-polarity, rapid change and uncertainty. However, it is not yet resolved how to combine this type of approach acknowledging complexity with the frequently stated preference that the post-2015 development framework should be simple, transparent, measurable and easy to communicate. This challenge also applies to health – because the environments for health are changing quickly due to the impacts of globalisation and unsustainable production and consumption. This is particularly true for the NCD agenda which finds very little mention in the 10 non-health thematic papers despite its significant impact on population dynamics and economic development.

Although the report of the High-Level Panel (HLP) on the post-2015 development agenda aimed to synthesis many of the issues discussed in the thematic papers, it is our view that the report is not as transformational, ambitious or coherent as one might have hoped. Although the HLP states that today's global challenges are interconnected, this is poorly reflected in the HLP's framework. The links between the HLP's 12 goals are insufficiently emphasised and this risks creating vertical goals and fragmented approaches to development, which is a commonly recognised weakness of the MDGs.

The HLP's framing of health is also narrow, focusing on communicable diseases, child and maternal health without adequately addressing the changing global burden of disease. The HLP's reference to the significance of universal health coverage as well as the social, economic and environmental determinants of health is positive. However, the HLP's implicit strategy to address health problems is heavily biomedical, which is not in keeping with key health declarations, such as Rio Political Declaration on the Social Determinants of Health, the UN High-Level Meeting on the Prevention and Control of NCDs, and the UN resolution on Global Health and Foreign Policy.

Whereas the HLP's proposed framework appears somewhat fragmented, the SDGs debate appears to be favouring more closely integrated approaches that respond to development and environmental challenges simultaneously. While it is an issue that health might not receive its own stand-alone goal, health has been prominent and well-position in declarations

such as the Rio+20 Summit. This is positive for positioning health centrally in the sustainable development goals and in turn influencing the post-2015 development framework.

Noting the above debates, health advocates must take into account that several schools of thought are beginning to emerge. The following kinds of questions are being posed: how will a new framework be "global", that is, apply to all countries yet allow different countries or groups of countries to adapt and redefine their objectives; and how would a limited number of concrete, quantitative, time-bound goals, targets and associated indicators be able to express complex sustainability challenges – indeed the very threat of earth's life support systems. There is a real danger that a competition emerges between poverty related goals and sustainable development goals.

What we take from our analysis:
The post-MDG process will be competitive and uncertain. The stakes are high because in the past "having a goal" meant gaining the attention of donors for the issue at hand. The global health community needs to ensure a high level of involvement in the agenda setting for post-2015 period.

Health needs to be prominently positioned in the post-2015 development framework – this is not yet ensured. In the upcoming negotiations health advocates must hone their skills and arguments in presenting health not as a sectoral, functional and technical area but as an overarching fundamental global goal which is a cornerstone of sustainable development in the 21st century.

Health advocates should also present health as conceptually fundamental in both a normative and a strategic sense to any future post-2015 framework that might emerge. Its deep relations to human rights, equity and governance need to be highlighted – health has much to contribute to these debates on principles and values, it needs to be involved. This includes the discussions on global public goods.

Health advocates must build the bridges to key areas of action that are critical determinants of health, in particular education, food, water and energy: which global public goods need to be put into place to ensure security and safety in health. Many of these issues have similar challenges with universal access (i.e. water as a human right) as does the debate on universal health coverage. The work done over the last years on SDOH should be made widely available and briefing materials

and events for negotiators should be conducted in capitals and negotiation hubs such as New York, Geneva, Washington, Addis Abeba, Djakarta and the like.

Health advocates must contribute more actively to the sustainable development debate. Contrary to the period of negotiating the MDGs, the constraints to lead a healthy life are broader than a life lived in poverty – they relate to the very life support of our planet and models of growth based on unsustainable production and consumption. These points are expressed in the Rio Political Declaration on the Social Determinants of Health as well as the statements on health in the Rio+20 Declaration.

Global governance of global issues with ensured financing will be a challenge that will gain more attention in this round of setting global goals. Health advocates need to be aware that any new set of goals will also lead to questions of institutional mandates and responsibilities of international organisations. This has consequences for a number of health organisations in the global arena: first and foremost the World Health Organisation (WHO), but also organisations like the Global Fund on AIDS, Tuberculosis and Malaria (GFATM) and UNAIDS. This needs to be factored into the debate.

WHO would do well to brief member states (and not only Ministers of Health) on the post-MDG processes, the importance of positioning health prominently in post-2015 development framework, and suggested priorities and approaches for post-MDG negotiations. This could be done by convening meetings of representatives from member states involved in the negotiations to discuss priorities and approaches for health. It is important to note that many of the chief negotiators will come from ministries of foreign affairs or agencies for development. WHO will need to explain preferred health terminology and promote common use of language across sectors. As appropriate other health stakeholders, including NGOs and the private sector should be invited. A whole of government and whole of society approach should always be the preferred option.

Section One
Purpose and Outline of the Report

This report contributes to the debate and provides suggestions on positioning health centrally in the post-2015 development agenda. It is based primarily on a review of the UN-led thematic consultations, which will inform the UN General Assembly on the postÐ2015 development agenda in September 2013. We asked the questions – 'are the thematic areas talking to one another' and 'how do the other sectors consider health'. In particular, we assessed the extent to which health is discussed in terms of the social determinants of health. In this way, we have tried to assess the extent to which the thematic areas adhere to the same principles and are speaking the same language. In order to review the post-2015 development debate comprehensively, we have also analysed the High-Level Panel's report and the sustainable development goals debate, including the declaration of the Rio +20 summit. It is hoped that this systematic review of the preparations for post-2015 development agenda will assist the health sector to enter negotiations well prepared and help negotiators who do not come from the health arena to better understand the health issues at stake and develop synergies with their own areas of concern. There are eight sections to the report:

→ **Sections one and two** outline the purpose of the report and the context of the post-2015 development agenda.
→ **Section three** outlines the five main trends and challenges identified by the thematic consultations and their suggestions for how the post-2015 development framework should look.
→ **Section four** summarises the health sector's priorities as detailed in the final report of the health thematic consultation and argues with reference to other literature that health should be a fundamental cornerstone of any post-2015 development framework.
→ **Section five** evaluates how each of the other thematic areas have addressed health.
→ **Section six** reviews the findings and recommendations of the report of the High-Level Panel on the Post-2015 development agenda
→ **Section seven** looks specifically at how health is position in the parallel deliberations on sustainable development goals.
→ **Section eight** brings these debates together though the lense of global governance and global public goods.

When we speak of the health sector and its contribution and approach to the post-2015 agenda, we mean the wide range of organisations, advocates and professionals who have an interest in positioning health in the new global development agenda. This includes the World Health Organization whose objective is the attainment by all peoples of the highest possible level of health and whose constitutional task is to to act as the directing and coordinating authority on international health work; and to establish and maintain effective collaboration with the United Nations, specialized agencies, governmental health administrations, professional groups and such other organizations as may be deemed appropriate.

As an increasing part of the global health debate is conducted through and at the United Nations, the WHO needs a new type of proactive approach to reach out to the negotiators who are not versed in the global health debate and are frequently not very familiar with the mandate, constitutional role and the working mechanisms of the WHO.

Section Two
Context

MILLENNIUM DEVELOPMENT GOALS

The UN Millennium Summit in 2000 was founded on the recognition that the international community must work towards a more peaceful, prosperous and just world. The Millennium Development Goals (MDGs) that followed provided milestones for global and national development efforts. At that point in time, these efforts were mainly expressed in terms of global solidarity based on a donor centric development model, even though the Millennium Declaration provided a much broader strategic orientation. Health was prominently positioned with three out of only eight goals dedicated solely to health: MDGs four, five and six. Health was recognised as central to development, the issues selected were uncontroversial, technologies to address the problems existed and – an often neglected point – they were measurable. The overall focus of the MDG approach was poverty reduction, as expressed in the first of the goals. It found its clearest expression in the unacceptable gap in health between the developing and the developed world – particularly in relation to the health of women and children and a group of priority infectious diseases: AIDS, tuberculosis and malaria.

Despite significant effort and resourcing to achieve the MDGs, a slow rate of progress has meant that most goals are unlikely to be achieved by 2015. Figure 1 illustrates percentage improvement of selected MDG targets related to health.

At the same time, such a goal focused analysis misses some
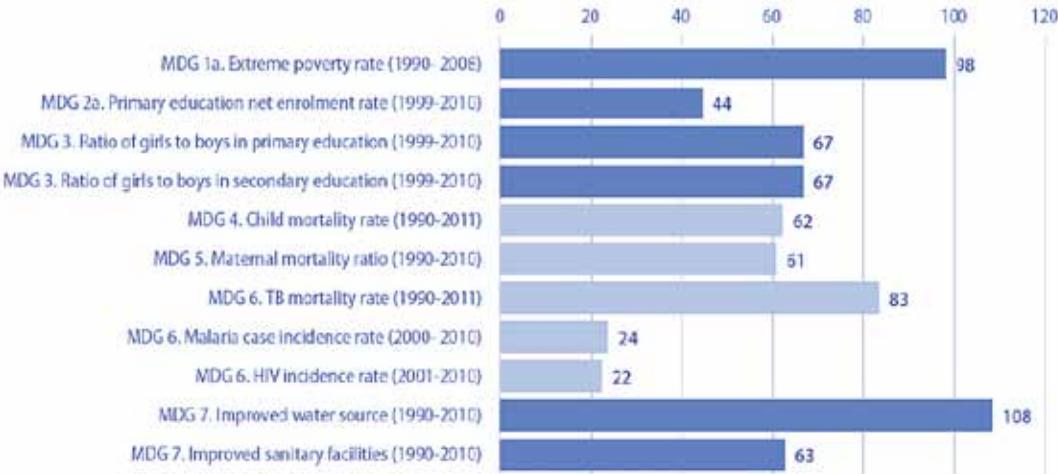
Figure 1: Percentage improvement in relation to selected MDG targets related to health where 100% means target has been achieved.
Source: UN Statistical Division (2012) The Millennium Development Report 2012; WHO (2013) World Health Statistics

crucial dimensions related to the social determinants of health: reduction of poverty, increase in the education of girls, improved water and improved sanitation all have significant health impact and will in turn have contributed to some of the achievements in relation to goals 4, 5 and 6.

Reflecting on the implementation and achievements of the MDGs, the UN Task Team report identified the following lessons:
→ The MDGs promoted a common vision and focus on human development. They were easy to understand and communicate.
→ MDGs channelled funds effectively towards urgent global problems
→ However, there were missing priorities, such as human rights, equity and governance
→ The MDG framework of vertical goals contributed to fragmented approaches to development
→ There was insufficient investment in monitoring systems to collect disaggregated statistics and information. [1]

Looking forward, **there should be no argument that the international community should continue to prioritise the health goals that have not been achieved – questions will be raised though as to the best way to do this**. Many middle income countries are approaching the final stages to achieve the MDGs but it must be remembered that this "last mile" can be relatively difficult. Many of these countries no longer qualify for donor support. However, the geographic distribution of the world's poor is changing such that 70% of all poor people now live in middle-income countries. This raises the question of how we define, approach and finance challenges to health equity at the global level. It has also become abundantly clear that the next step in global health development is a renewed attention to the determinants of health which reside beyond the health sector and are often subject to processes of globalisation (for example the global division of labour or new consumption patterns) and a commitment to Universal Health Coverage. These points are clearly evident in the Rio Political Declaration of Social Determinants of Health and the UN High-Level Meeting on the Prevention and Control of Non-Communicable Diseases. [2] This means that all people can use health services, while being protected against financial hardship associated with paying for them. How to frame these two structural and institutional requirements for good health in the context of the post-2015 process is a veritable challenge. This is also a challenge in relation to the people living in states in conflict and without reliable institutions. As recent polio eradication campaigns in weak states in civil conflict have shown, challenges lie in political and ideological positions combined with a lack of health professionals and infrastructures. New strategies will be required to reach the poorest and deal with difficult environments.

1   UN Task Team (2012) Realizing the Future We All Want, New York, pp.8-9
2   See Appendix B for full list of relevant literature for further reading.

UN-TASK TEAM AND THE UN-LED THEMATIC CONSULTATIONS

With the MDGs due to expire in 2015, there is increasing attention on what should follow Ð referred to here as the 'postÐ2015 development agenda' or post-2015 development framework. In 2011 at the request of Member States, the UN SecretaryÐGeneral established a number of structures and processes to support recommendations on the postÐ2015 development agenda.

One of the critical components was a UN System Task Team. In June 2012, it published a report entitled Realising the Future We All Want, which recommended priorities for the post-2015 development agenda and how to take it forward. The UN Task Team has also initiated a number of national, regional and global consultations to be conducted from June 2012 to June 2013.

This included eleven thematic consultations, which compose the main subject of this report. The eleven thematic areas are: health; conflict and fragility, education, energy, environmental sustainability, food security, governance, growth and employment, inequalities, population dynamics and water. These consultations provided a space for a diverse range of stakeholders (governmental and nongovernmental) to voice their expert opinions, proposals, analysis and aspirations for the postÐ2015 development framework, both at a wide range of face-to-face meetings and through internet based discussions. The outputs of the consultations will be an essential part that informs and influences the discussions leading up to the UN General Assembly on the postÐ2015 agenda in September 2013.
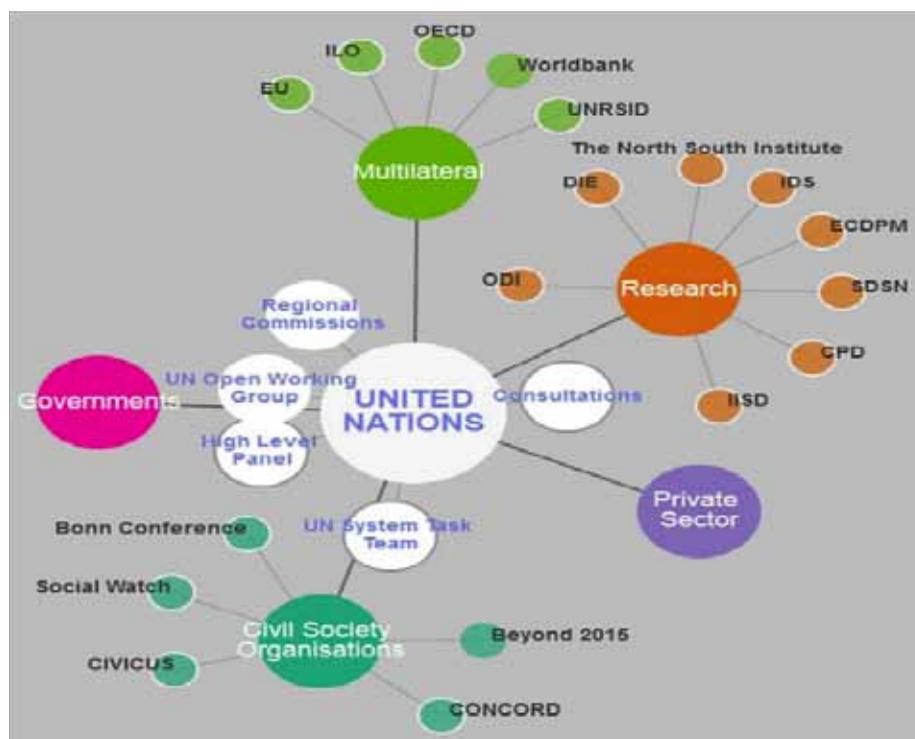
Figure 2:   Key UN actors and other stakeholders in post-2015 development agenda
Source: www.thebrokeronline.eu

HIGH-LEVEL PANEL OF EMINENT PERSONS

Another important element of the UN-initiated structures and processes was the establishment of a High-Level Panel (HLP) of Eminent Persons coÐchaired by President Susilo Bambang Yudhoyono of Indonesia; President Ellen Johnson Sirleaf of Liberia; and Prime Minister David Cameron of the United Kingdom. The purpose of the HLP is to ensure representation of countries at different levels of development and provide independent recommendations to the UN on the post-2015 development agenda. The HLP's final report submitted to the UN Secretary-General Ban Ki-moon in May 2013 is discussed in detail in section six of this report. It is important for the health sector to pay close attention to this report as it will influence the September 2013 UN General Assembly on the post-2015 development agenda.

RIO+20 AND THE SUSTAINABLE DEVELOPMENT GOALS

In June 2012, the UN Conference on Sustainable Development, held in Rio de Janeiro, Brazil, agreed to establish a set of sustainable development goals that could be used to pursue focused and coherent action on sustainable development. In January 2013, an open working group of thirty representatives nominated by Member States was formed to coordinate this process and submit a report proposing sustainable development goals to the 68th session of UNGA in September 2013. In many ways, the debate on sustainable development goals has now emerged as a parallel process to the UN-led consultations. Although, Member States have explicitly stated that the process must cohere with and integrate into the United Nations development agenda beyond 2015, there has been much confusion. What it means from the perspective of health is discussed in section eight of this report.

Section Three
Trends and Challenges

EMERGING TRENDS AND CHALLENGES

Our analysis shows that the UN-led thematic consultations have closely followed the brief of the UN Task Team and collectively underlined five emerging trends and challenges for the post-2015 development agenda:

1. Reducing inequalities including gender inequity
2. Reforming global governance
3. Promoting human rights and social protection
4. Conserving the environment, and
5. Managing demographic change.

These trends and challenges are generally consistent with the broader issues raised in the health thematic consultations paper. However, it is worthwhile noting that the number of challenges and trends identified by the thematic areas is smaller than the list proposed in the UN Task Team Report. Specifically, the Task Team suggested seven trends and challenges; the five issues above as well as fragility and technology transfers. This could suggest that the two issues are not priorities or it could mean that the thematic areas overlooked them.

Below, we provide some highlights of the debate since these issues and challenges relate strongly to the SDOH agenda.

1. REDUCING INEQUALITIES INCLUDING GENDER INEQUITY
Despite notable increases in economic and social development over the past two decades, inequalities within and between countries have generally increased. Economically, income inequalities have widened in most countries since the early 1980s. In developed and developing countries alike, labour's share of gross national income has stagnated or fallen for the past two decades.[3] There are presently 200 million people unemployed of whom 75 million are less than 25 years old.[4] Socially, burden of disease and educational attainment varies significantly between regions and wealth quintiles. Geographically, health and educational outcomes are also much lower in rural areas than urban centres. Gender inequalities receive particular attention in most of the thematic consultations, which probably reflects the success of mainstreaming gender as a cross-cutting issue. The information and technological divide is perhaps one inequality that is closing.

As many of the thematic consultations emphasised, inequalities of all dimensions are unjust, reinforce poverty, reduce the pace and sustainability of economic growth, exacerbate existing vulnerabilities to conflicts and disasters, and weaken social cohesion and security for all. This aspect of development was overlooked in the current MDG framework and reducing inequalities is an urgent priority for the post-2015 development agenda.

2. REFORMING GLOBAL GOVERNANCE
The global food, energy and financial crises of recent years have highlighted the interconnectedness of the world and severe problems of global governance. The failures of the Doha development round and post-Kyoto climate change discussions are further illustrations of the discord responding to global challenges multilaterally. On the one hand, this discord reflects the uncertainty and change of the global political-economy; the economies of Europe, the United States and Japan are in recession or stagnation; emerging powers such as China, India and Brazil are rapidly increasing their share of global trade and production as well as exerting more influence in their regions and internationally; and the Arab spring has removed or seriously threatened long-standing dictatorships in expressing popular demands for social justice, human rights and democratic governance. On the other hand, the current challenges of responding multilaterally to shared problems arises from the anachronism of the world's global governance architecture; there have been unsuccessful efforts for two decades to reform the UN security council; the structures and voting rights within the Bretton Woods institutions remain highly unrepresentative, the participation of non-state actors in international negotiations has only slowly increased. Many of the current policies, rules and institutions to govern global issues were established half a century ago and now lack coherence and legitimacy.

The thematic areas that emphasised this challenge the most were governance, sustainability, health, water, food, energy and economic growth. Nevertheless, the thematic areas could have been far more expansive and forward looking, especially on the specific reforms required and how the changing global political-economy will impact on their sector and development more generally over the next ten to twenty years. The world in 2030 will be considerably different compared with today and the post-2015 development framework must take account of these changes to remain relevant for its duration. Reforming global governance to enable the international community to take

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3   ILO (2013) Global Wage Report 2012-13, Geneva, pp.41-45
4   Ibid., p.3

effective action on shared concerns, now and in the coming years, is perhaps the most overarching challenge for the post-2015 development agenda.

3. PROMOTING HUMAN RIGHTS AND SOCIAL PROTECTION

Promoting human rights in the post-2015 development framework is a principal argument running through most of the thematic consultations. The rationale is both normative and pragmatic since injustice and inequalities undermine the prosperity, health and stability of society. A human rights approach also grounds the post-2015 development framework in existing international laws and norms. In many ways, this reinforces the people-centred approach of the MDGs. Human rigths, social protection and a social determinants of health approach are each mutually reinforcing.

It is significant that that the thematic consultations argue strongly for social protection floors as a practical expression of these human rights at a time when the global economy is weaker and governments in developed countries are cutting social welfare in the name of austerity. As the economic growth and employment thematic argued, "social protection has a transformative nature and is growth-enhancing. It should take two forms; basic social protection to ensure dignity of life for all and targeted social programmes for vulnerable and disadvantaged groups."
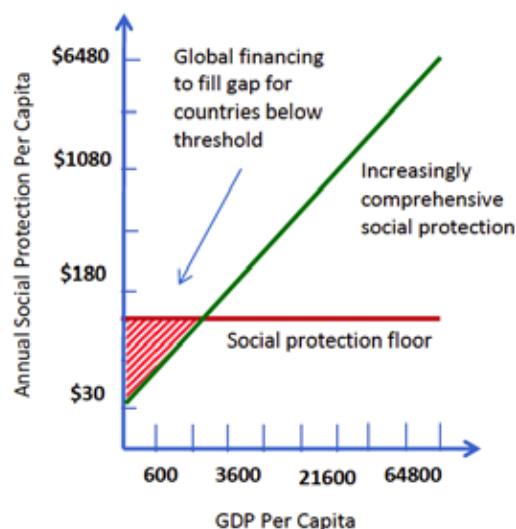
Figure 3:   Model of social protection as global public good
Source: Goals and Governance for Health

There is a strong case that social protection should be considered a global public good as illustrated in diagram 3. All countries should implement social protection floors that provide universal access to basic social security guarantees such as health care, unemployment benefits and old-age pensions. As a country develops and per capita income increases, the range and depth of social protection can be affordably increased. Those countries currently without the economic wealth to provide this minimum social protection floor would be supported by the international community, not just through governments but with the contribution of other global actors.

At present, only 28% of the world's population is covered by comprehensive social protection. Increasing this coverage based on human rights and existing international law is both a challenge and a priority of the post-2015 development agenda.

4. CONSERVING THE ENVIRONMENT

Expanding economic activity, population growth, and unsustainable consumption and production patterns over the last century have placed immense pressure on the environment to the point that dangerous changes to the climate appear unavoidable. In general, the anticipated impact of global warming of 20C - 40C by 2100 will be greater in the more populous and poorer regions of Africa, Latin America and Asia. [5] In seasonally dry and tropical regions, crop productivity is projected to decrease for even small temperature increases, which is likely to intensify food insecurity. [6] Widespread mass losses from glaciers and snow cover in major mountain ranges such as the Hindu-Kush, Himalaya and Andes are likely to reduce the availability of fresh water and hydropower potential. [7] In Africa, it is predicted that the amount of arid and semi-arid land will increase by up to 8% with between 75 and 250 million exposed to increased water stress. [8] The frequency and destruction of natural disasters is also likely to increase and rising sea levels will affect large numbers of people in the low-lying mega-deltas of Asia and Africa while small islands will be especially vulnerable. [9] Endemic morbidity and mortality due to communicable diseases associated with floods and droughts is expected to rise throughout Asia. [10]

Mitigating and adapting to these and other consequences of climate change is a critical challenge identified in all of the thematic papers. They express a strong sense of urgency to respond to climate change and an awareness that the poor

5   IPCC (2007), Climate Change 2007: Synthesis Report, Geneva, Switzerland, Table 31., p.45
6   Ibid, p.48
7   Ibid, p.49
8   Ibid, p.50
9   Ibid, p.48
10   Ibid., p.50

are likely to be impacted the most due to higher exposure and lower resilience. Environmental sustainability is clearly one of the most pressing global challenges.

5. MANAGING DEMOGRAPHIC CHANGE

Over the next several decades, most countries and regions will experience large yet different demographic changes. Globally, the world's population is expected to increase from 7 billion today to 8 billion in 2030 and 9 billion in 2050 with 85% of the world's population living in less developed regions. [11] The world is also continuing to urbanise. Between 2010 and 2050, the percentage of the world's population living in urban areas is predicted to increase from 50% to 70%. At present, nearly 1 billion people or 33% of the urban population live in slums. [12] Providing housing, transport, energy, water and sanitation, health and education services to this growing population represents a major challenge while failing to do so risks increasing inequalities and eroding social and political stability.

Most of the thematic consultations emphasised population growth and ageing, which they framed as challenges. However, there are additional demographic issues as well as opportunities.

As the population thematic consultations highlighted, international migration is increasing and affects every region. It has benefits for both sender and recipient countries, including remittances and reduced labour shortages. Yet, this migration also presents problems such as the loss of highly skilled workers from the South. The effects of population growth and ageing are likely to be uneven. Many of the populous middle-income countries, such as China, India and Brazil that saw their fertility rates fall and life expectancies rise earlier last century will now experience increasing dependency ratios as they undergo a demographic transition. This will present challenges but economic growth and rising productivity will partly offset the costs of an ageing population. In contrast, lower-income countries that have seen fertility rates fall and life expectancies rise more recently will enjoy a demographic dividend of a growing percentage of the population of working age. In particular, this represents a window to increase investments in economic and social development, including introducing social protection floors. Thus, managing demographic change is a challenge for the post-2015 development agenda but also presents important opportunities.

11 UN DESA (2011) World Population Prospects: the 2011 Revision, New York, p.48
12 UN-Habitat (2010), State of the World's Cities: Bridging the Urban Divide, Nairobi

COMMON ASPIRATIONS FOR NEW FRAMEWORK

Overall, the thematic papers agree on many of the desired general characteristics of the post-2015 development framework as outlined by the UN Task Team. All of the thematic areas support the notion of having global development goals applicable to all countries and targets and indicators based on national or regional circumstances. Most of the thematic papers were also explicit about the need to adopt interconnected goals and implementation strategies. The UN Task Team's three fundamental principles for the post-2015 development framework – human rights, equity and sustainability – are emphasised in all of the thematic consultations. This is an important support for a SDOH agenda.

As expected, the differences between the thematic papers are mainly related to which development goals should be prioritised. The way goals are defined will influence how the world understands development, which in turn shapes political agendas and the allocation of resources. Whereas thematic areas, such as health and food security, recommend limiting the number of goals, most other areas were not explicit on this point. Certain thematic papers, such as governance, inequalities and conflict, argue the need to include their thematic area as a stand-alone development goal. The governance paper introduces the concept of "just governance" and states that,

"Just governance will only be feasible if the post-2015 development agenda includes a framework for profound reforms on global governance… It must outline, in the most detailed manner possible with concrete commitments and timely targets, steps to transform the current global governance architecture."

The inequalities paper makes a similar proposal and argues that inequalities should be a cross-cutting issue,

"A self-standing global goal on inequalities should be included in the post-2015 development framework… It should be complemented, across all goal areas of the framework, by targets and indicators that focus on the situation of the most disadvantaged group, and on the major drivers of inequalities in the economic, social, environmental, cultural and/or political domains. In these ways, success will be gauged by the progress made among the worst-off groups and individuals."

In light of the omission of these two issues from the MDGs framework (but not the Millennium Declaration) and their recognised importance as major contemporary challenges discussed above, there is a strong case for them to be prominently placed. Although the food, water and energy thematic papers are less categorical about having their own development goal, it will be important for the health sector to support these thematic areas achieve prominence given their significance as social determinants of health and their orientation towards a global public goods agenda based on universal access.

Thematic Area	Global goals & country specific targets	Interconnected goals & implementation	Limited number of goals	UN Task Team's principles of equity, human rights and sustainability	Stand-alone development goal
Health	✓	✓	✓	✓	✓
Conflict	✓	✓	✗	✓	✓
Education	✓	✓	✗	✓	✓
Energy	✓	✓	✗	✓	✗
Food	✓	✓	✓	✓	✗
Governance	✓	✓	✗	✓	✓
Growth	✓	✓	✗	✓	✗
Inequalities	✓	✓	✗	✓	✓
Population	✓	✓	✗	✓	✗
Sustainability	✓	✓	✓	✓	✓
Water	✓	✓	✗	✓	✗

Table 1:   Proposals for post-2015 development agenda
Source: Authors' analysis

Section Four
How to Position Health?

Based on our analysis we conclude that despite a forwards looking health thematic report, health still needs to be prominently positioned in the post-2015 development framework and process, including the SDGs. Indeed we would argue **that the health of people in all countries must be one of the overarching goals of a post-2015 framework – not only because it is a precondition, an outcome and indicator of development – but because the health and wellbeing of people intrinsically and instrumentally reflect what our efforts as a global community should be about: that people can live a better life on this planet.** It is critical that we see health not only as an instrumental, functional or sectoral goal but as conceptually fundamental in both a normative and a strategic sense to any future framework that might emerge. This is critical as health has disappeared from the Bali Communiqué of the High Level Panel and is not usually seen as a stand- alone goal in the SDG debate, but more frequently subsumed under the category of "social" issues.

The Bellagio goals phrase it as follows: *"Good health for the best possible physical and mental wellbeing"* – and the health thematic paper takes up similar arguments (see below). [13] Setting the overarching goal in terms of health and not disease outcomes is important because such a framing of health in its many dimension as a fundamental cornerstone of any post2015 framework makes the debate over which diseases should be prioritized negligible at the global level. The issue becomes one of which of the means that allow us to reach such a goal are the responsibility of the global community and which reside with countries. This is critical because we can no longer deal with the disease of the poor in the way the 2000 MDGs approached them – 70% of the poor now live in the emerging economies and their health is part of the governance challenges these countries face, not of a classical donor model.

Suggestions moving in this direction have already been made– for example the 2012 Bellagio goals have proposed a health goal focused on "productive life expectancy" and the health thematic report has proposed "maximizing healthy lives". [14]

THE HEALTH THEMATIC REPORT PROPOSES:
Sustainable well-being for all could be an overarching goal for the wider post-2015 agenda. This goal should recognize health as a critical contributor to, and outcome of, sustainable development and human well-being. This would answer the growing calls to look beyond a country's gross domestic product when assessing healthy growth and sustainable development, and to address issues of equity. It also acknowledges that good health is determined, not only by preventing and treating disease, but also by many other aspects water and sanitation, and climate change adaptation and mitigation. Goals in these areas of the post-2015 agenda could include health-related targets to address the underlying determinants of health.

Maximizing healthy lives could be the specific health goal, in which the health sector would play a larger but far from exclusive role. Achieving better health at all stages of life (including crucial phases such as adolescence) is a goal that is relevant for every country. Interventions from all sectors of society will be required.

Others have suggested defining health as a global public good – following a sentiment that has been expressed since 1978 in the call for "health for all" and reinforced by the acceptance of health as a human right as enshrined in the 1948 WHO constitution. While the equity challenge has of course been very present in the MDGS with the poverty reduction focus a SDoH approach will argue to look more carefully at health gradients and at the distribution of resources, income and power that lead to these health inequities. The human rights challenges has to be reinforced for health – particularly in relation to sexual and reproductive rights and many health and social issues related to gender.

FOCUS ON EQUITY, DETERMINANTS AND COMPLEXITY:
In the post-2015 process, global health advocates will be required to constantly argue for the interface between direct action on health and action on other global issues (which are just as complex) which will impact positively on the social determinants of health. Ccomplexity defines health and health inequities: increasing attention has been given to the social causes of health and the social factors determining the distribution of these causes between more and less advantaged groups. This relates to social contexts – where people live, love, work and play, where the grow up and where they age -, and it relates to social stratification which assigns individuals to different social positions. The complex interaction of factors leads to differential exposure to health-damaging conditions, differential vulnerability and differential consequences of ill health for more and less advantaged groups. All these relate to power within society. [15]

13 CIGI (2012) Post-2015 Development Agenda: Goals, Targets and Indicators,
http://www.cigionline.org/publications/2012/10/post-2015-development-agenda-goals-targets-and-indicators, - last accessed 20 May 2013
14 Ibid.
15 WHO (2010) A Conceptual Framework for Action on the Social Determinants of Health, Geneva

The WHO Commission on the Social Determinants of Health and much of the subsequent work undertaken underline that while great technical progress has been made in the health and medical arena – many are left behind (also in the richest of countries) because of social factors and inequalities. The strong positions taken in the thematic paper on equity are a great support to this orientation.

FOCUS ON GLOBAL CHALLENGES:

There is strong support for the argument that any new set of goals should be global – the Bellagio report calls this "one world goals" - . This means that for health we need to define those factors that must be addressed at the global level – meaning those with a global public goods character. Contenders could be issues such as health security and safety which would include: ensuring global surveillance and rapid responses in relation to outbreaks; fighting anti-microbial resistance; ensuring oversight over the growing global health industry; protection from harmful substances such as tobacco, protection from/response to transnational criminal networks of falsified medicines, drug cartels. The post-2015 debate therefore also needs to answer the question: Which global public goods need to be put into place to ensure security and safety in health. This is all the more relevant as the consequences of not addressing these health issues will have ramifications throughout society and in many sectors, including economic development as we know well from SDOH analysis. It is here we will face major global governance challenges – including role of international organisations such as the WHO.

CONSIDER PLANETARY CHALLENGES:

But contrary to 2000 the constraints to a healthy life no longer only reside with a life lived in poverty – they relate to the very life support for our planet and models of growth based on unsustainable production and consumption which not only destroy the life support systems of our planet, our livelihood (the air we breathe, the water we drink, the food we eat) but also produce high levels of inequality.[16] Obviously health can only be ensured if we are able to address those large challenges – yet there is a tendency in the sustainable development to see health as a functional category not as a key factor in its own right within the dynamics of sustainable development. This was already the case when the three pillars of sustainable development were defined as economic, environmental and social and health was grouped in the social category. As decisions are taken on the overall objectives of sustainable development human health and wellbeing should be one of those objectives. The health thematic report has expressed this as Healthy People – Healthy Planet.

HEALTH'S LINK TO DEVELOPMENT

The health thematic report makes it very clear: health is central to development. Health is a contributor and outcome of development, and a key indicator of what a people-centred, rights-based equitable development seeks to achieve. Health is important as an end in itself and as an integral part of human well-being, which includes material, psychological, social, cultural, educational, work, environmental, political and security dimensions. These dimensions of health and well-being are interrelated and interdependent. The Joint Statement of the UN Platform on Social Determinants of Health outlines in details these links between health and the other sectors. For the purpose of this report, the other ten thematic areas can be grouped around health as shown in Figure 4.

Figure 4: Health's relationship s between other

16   Griggs, David et al. (2013), "Sustainable development goals for people and planet", Nature, Vol. 495, pp.305-307

We have positioned the governance and conflict thematic areas as having an overarching relationship because they are crucial enablers of health. Governance is an expression of politics and ideally reflects societal norms and rights to health. Nationally, governance is crucial for determining the allocation of resources, the coordination and delivery of health services, and the implementation of public health interventions. Globally, governance is critical for responding to transnational issues that impact on health, such as communicable disease, trade and environmental sustainability. Conflict and fragility partly arises from ineffective, unjust governance. Thus, without social stability, the achievement and maintenance of good health is near impossible. For these reasons, it can be argued that health begins and ends with governance.

One could argue that the food, water and energy thematic areas should be grouped together because of their interconnectedness and relative importance as social determinants of health. Food and nutrition security are linked to the parallel development challenges of undernourishment and obesity. Low-birth weight and early malnutrition have long-term, irreversible effects on brain development, adult health and economic productivity. Conversely, overconsumption and poor diets are leading risk factors for non-communicable diseases, which are projected to cause a cumulative global loss in economic output of USSD 47 trillion between 2011 and 2030, with around USD 21.3 trillion (46%) in low- and middle-income countries. [17] Water quality, sanitation and hygiene are also central to health. Taken together, dietary and water-sanitation risk factors are responsible for almost 10 million deaths annually and 20% of the global disease burden. The energy thematic area, for its part, is linked with food and water through agricultural production and climate change. Energy also directly and indirectly impacts on health. The supply of electricity is critical for health systems and household air pollution from solid fuels is one of the leading health risks in South-Asia, South-East Asia and Sub-Saharan Africa. [18] Finally, more energy-efficient transport systems could prevent millions of deaths from traffic injuries and air pollution.

Education, economic growth and employment are grouped together in the above diagram because of their role as drivers of development and better health – they are central to the SDOH approach. Better education is linked to economic growth, which in turn generates more public revenue that can be spent on health. Wealthier individuals are also able to live healthier lives and tend to have lower exposures to environmental and occupational health risks. The relationship between health and these thematic areas goes in both directions because health promotes education and economic growth. Health and nutrition affect education by enhancing children's physical ability to attend school and by increasing their cognitive ability to learn. A healthier workforce is more productive and more resilient because workers tend to have more energy and better mental health, and there is less absenteeism.

In the above diagram, we have illustrated the view that inequalities, sustainability and population have an underlying influence on all of the other thematic areas, including health. Inequalities are linked to health because poverty and discrimination tends to increases one's exposure to health risks and reduces one's ability to access basic services including health care. Conversely, people with poor health, such as mental illness or HIV/AIDS often face discrimination and violations of their human rights. Thus, poor health and inequalities can be mutually reinforcing. Population dynamics is also affected by and influences health outcomes. On the one hand, population growth and mobility including rapid urbanisation and migration can outpace investments in health services, thus stretching the health care system. On the other, better health leading to lower mortality and healthier life expectancy can create a "demographic dividend", which in turn promotes higher economic growth. Finally, conserving the Earth's ecosystem on which human society depends is a precondition for economic and social development. Approximately, one quarter of all death and disability is due to environmental factors. Climate change and environmental degradation are also increasing the risk of extreme weather events and creating greater food and water insecurity, all of which contribute to a higher burden of communicable and non-communicable disease.

17 Lim et al. (2012) "Comparative Risk Assessment of Burden of Disease and Injury Attributable to 67 Risk Factors and Risk Factor Clusters in 21 Regions, 1990-2010: A Systematic Analysis for the Global Burden of Disease Study 2010", The Lancet, Vol. 380 pp.2224-60
18 Ibid.

HEALTH'S PRIORITIES FOR POST-2015 DEVELOPMENT FRAMEWORK

The central document outlining health's suggested position in the post-2015 development framework is the final report of the thematic consultations on health. Other important health documents informing the debate such as the report of the Commission on the Social Determinants, the Rio Political Declaration on the Social Determinants of Health and the UN Resolution on Global Health and Foreign Policy are listed in Appendix B.

According to health thematic final paper, the key messages on health priorities for the post-2015 development agenda are [19]:

KEY MESSAGES ON HEALTH PRIORITIES

The health priorities in the post-2015 era should include:
1. accelerating progress on the present health MDGs
2. advancing sexual and reproductive health and rights
3. reducing NCDs and their risk factors
4. improving mental health

The notion of good health is also evolving, shifting towards creating and maintaining good health and well-being, rather than only preventing and treating disease. Health system must therefore adapt to higher expectations as well as new demographic, environmental and health challenges.

Of key importance are: addressing the social, cultural, environmental, economic and political determinants of health; improving the health of disadvantaged and marginalised groups; and meeting the specific needs of people at different stages of life.

The linkages and relationships between health and education, climate change and other environmental threats, financial and natural resource constraints, less poverty but greater inequalities, population growth and rapidly ageing populations, unplanned urbanisation, and new diseases will all affect progress on health and well-being.

And the key messages on guiding principles, goals, targets and indicators are as follows [20]:

KEY MESSAGES ON GUIDING PRINCIPLES AND GOALS

The guiding principles for the new development agenda should include human rights, equity, gender equality, accountability, and sustainability

The most disadvantaged, marginalised, stigmatised, and hard-to-reach populations in all countries should be prioritised. Equity can be made explicit in all the goals by disaggregating indicators and targets at all levels, including targets for closing gaps

The post-2015 health agenda should:
1. Clearly state that health is a human right
2. Incorporate specific health related targets as part of other development sector goals
3. Take a holistic, life-course approach to people's health with an emphasis on health promotion and disease prevention
4. Promote the provision of affordable, accessible, comprehensive, high-quality health care services
5. Integrate the concept of share and differentiated responsibility for issues of global health
6. Allow countries to tailor target and indicators to their own health priorities and circumstances

During the consultations, "maximising healthy lives at all stages of life" was one of the most widely supported overarching goals for the health sector.

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19 Health Thematic Final Report, pp.41-50
20 Ibid., pp.51-61

The health thematic consultations recommendations on the implementation of this health agenda are:

Key Messages on Implementation
→ Accountability must be an integral part of the new development framework
→ New governance models must provide opportunities for far greater citizen participation, ownership and influence, as well as inter-sectoral action. The participation of communities, young people, and civil society is vital both for strong policy development and for holding all stakeholders accountable
→ Building the governance required to orchestrate a coherent response across government and society that results in better health outcomes ("health in all policies") remains one of the greatest challenges in global governance
→ Effective national health systems as well as enhanced management competence and capacity are key strategic
→ dimensions to improving health outcomes and measuring this change
→ Long-term, predictable, and sustainable financing for health and development (from domestic and international resources) will be required to achieve the post-2015 development goals. The new framework should foster political
→ opportunities for new innovative financing mechanisms, such as a financial transactions tax
→ The global health architecture should evolve in order to better respond to countries' needs and priorities.

HOW THE THEMATIC AREAS 'TALK' TO EACH OTHER AND FRAME HEALTH

Although health has strong links with multiple dimensions of development and all of the thematic consultations emphasised the importance of interconnected goals in the post-2015 development framework, the extent to which the thematic areas and health are 'talking' to each other varies considerably. On one level, this is indicated by how often the health consultations final paper mentions the other thematic areas and conversely how often the other thematic areas discuss health. Our quantitative analysis of this dialogue, which is illustrated in Figure 5 and detailed in Appendix C suggests that **health is 'talking' to and being 'heard' by sustainability, water, food and inequalities. These thematic areas are 'listening' to health and agree that they have shared concerns, as evidence by how often the raise the issue of health**. In the other direction, population seems to be 'talking' to health while health is preoccupied with other discussions. **Health is 'in conversation' with the remaining thematic areas of conflict, economic growth and energy but they are not in touch frequently.**

Figure 5:   The 'conversation' between thematic areas

On another level, the depth of the health conversation is reflected in the way health is framed. **By and large, the thematic papers referred to health in general terms of being physically and mentally healthy. They referred to health systems, specific diseases, risk factors and health stakeholders far less frequently.** Certain thematic areas, such as conflict, inequalities and population were notably strong on issue of gender equity including sexual and reproductive health. Inequalities and population were also relatively attentive to the challenge of HIV/AIDs. However, none of the thematic areas discussed neglected diseases or the other two in the 'big three': tuberculosis and malaria. Given the influence of the biomedical approach to public health and the popular concern about diseases such SARS and Bird Flu, it was surprising that none of the thematic areas talked about health security or immunisation. Emerging health challenges, such as non-communicable diseases, were equally prominent as traditional health concerns in the three thematic areas that mentioned them - inequalities, population

and sustainability. In terms of health stakeholders mentioned, UNICEF was the organisation most frequently referenced followed by WHO and UNAIDS.

Overall, the more rounded thematic areas dealing most comprehensively with the multiple dimensions of health were **inequalities, sustainability, water and food** as partially shown in Figure 6. While population appears to be quite comprehensive, a closer analysis of the population thematic consultations suggests that the framing of health is disappointingly narrow despite frequent references to health. This also reinforces the importance of cautiously interpreting the below graph given it simplifies a complex issue and is somewhat distorted by the rescaling to fit these four dimensions of health on one diagram. A complete picture of the way each thematic paper quantitatively addresses health is provided in Appendix C. The way in which each thematic paper qualitatively discusses health and its determinants is detailed in the following section of the paper.
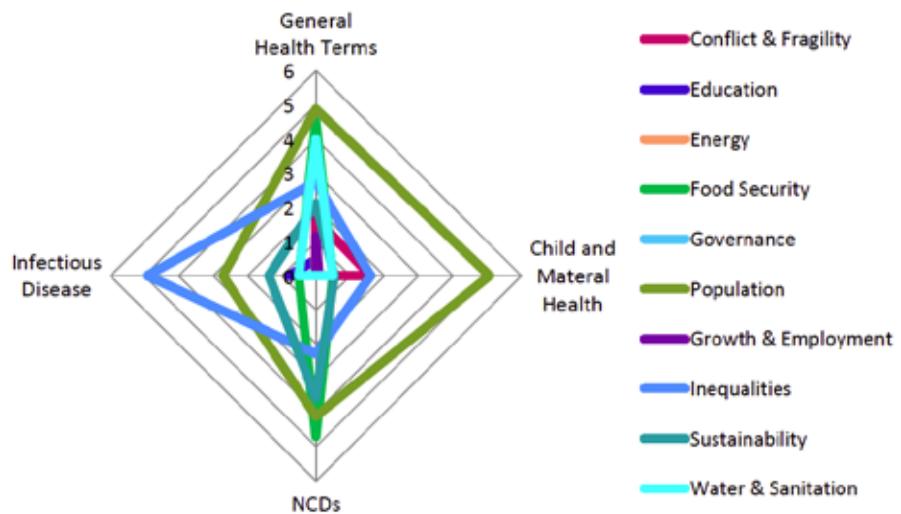

Figure 6:   The framing of health by each thematic area
Source: Authors' analysis

The final way in which we assessed the overall depth of the health discussion was by the amount of shared language and terminology. This aspect of the conversation between the thematic areas was a notable weakest that could potentially inhibit correctly understanding one another. In particular, **the exact terms 'social determinants of health' and 'universal health coverage' only appeared in the inequalities and sustainability thematic consultations. This shows that they are not yet widely accepted concepts in the development dialogue**. The energy, water and education thematic papers discussed similar notions of universal access to energy, clear water and education respectively. The population thematic, in particular, mentioned 'universal access to health' several times. However, their concepts of universality were arguably less well defined than universal health coverage with its three dimensions: access, service coverage and affordability. Most of the thematic areas demonstrated an understanding development outcomes are not simply technical issues to be solved, such as building a hospital or administering vaccines – development have important socioeconomic and political dimensions. In this way, one could argue that the current discourse is more advanced and politically-attuned than perhaps ten years ago when development was more often framed in simple terms of technical challenges to be overcome through effective policies and more financial resources. Table 2 indicates which social determinants of health the thematic areas addressed. In general, most thematic areas discussed how structural determinants such as governance, economic policy, social class and minority status influence development outcomes including health. There was limited discussion of the intermediate determinants such as individual behaviour and biological factors. This is perhaps not surprising given the objective of the consultations to look at the big picture. In light of the above points, **increasing efforts to explain the health sector's terminology could strengthen the communication between the thematic areas and clarify other universal rights, which would in turn reinforce universal health coverage**.

Social Determinants of Health			Conflict	Education	Energy	Food	Governance	Growth	Inequalities	Population	Sustainability	Water
Structural Determinants of Health	Socioeconomic & Political Context	Governance	✓	✗	✓	✓	✓	✗	✓	✓	✓	✓
		Economic policies	✓	✗	✓	✓	✓	✓	✓	✓	✓	✗
		Public policies	✓	✓	-	✓	✓	✓	✓	✓	✓	-
		Cultural and societal values	✗	✗	✓	✓	✗	✗	✓	✗	✗	✓
	Socioeconomic Position	Social class	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓
		Education level	✓	✓	✓	✗	✗	✗	✓	✓	-	✓
		Gender	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓
		Ethnicity	✓	✓	-	✓	✓	✓	✓	✓	✓	-
Intermediary Determinants of Health		Material circumstances	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓
		Individual behaviour	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
		Biological factors	✗	✗	✗	✗	✗	✗	-	✗	✗	✓
		Psychosocial factors	✗	✗	✗	✗	✗	✗	✓	-	✓	✗

Table 2:   Thematic area's discussion of the social determinants of health
Source: Authors' analysis

Section Five
How Does Each Thematic Area Address Health & Its Determinants

GOVERNANCE

Governance has an important overarching relationship with development, including health; inclusive and sustainable development calls for social stability and coordinated solutions to common problems. Indeed, the governance thematic paper makes a strong case that weak and illegitimate governance – within and between countries – is partly responsible for the lack of progress achieving the MDGs.[21] Governance is also more challenging this century, "we live in an evermore (sic) interdependent, multi-polar and volatile world, with a proliferation of new development actors, a deepening sense of fragmentation of responsibilities, and still fewer trusted forums to ensure coherence around common social, economic and environmental values and goals."[22] For these reasons, the governance paper states that "just governance is a necessary precondition for an effective and legitimate sustainable development framework."[23]

Although the governance thematic paper does not specifically mention health, the paper's general arguments about human rights and global governance reform are closely aligned with the global health agenda and its discussion on governance. For the governance thematic, just governance is defined by six mutually reinforcing dimensions:

1. Human rights
2. Participation
3. Transparency
4. Equity
5. Access to justice
6. Accountability

The governance paper's focus on human rights, participation and equity is consistent with and reinforces the guiding principles of the health thematic paper and possible goals such as universal health coverage. The paper states,

"Human rights and other relevant high-order standards should underpin whatever post-2015 goals emerge. The formulation of goals, targets and indicators must be in keeping with the content of the particular right, including universal access (and affordability where relevant) for all to at least a minimum level of rights enjoyment; the elimination of discrimination as a barrier to the equal enjoyment of rights and affirmative policies to redress inequalities and inequities; the right to access information and widespread and inclusive, civic participation in development; a focus not only on quantity but quality of services; and the right to an effective remedy."[24]

The governance paper's arguments related to accountability are also relevant to health. In particular, the call for global governance reform touches on many of the social determinants of health.

"The (post-2015 development) framework should include goals and targets aimed at reforming those institutionalized rules and practices that introduce financial or environmental instability, impede development and sustainability or exacerbate poverty and human deprivation. Among the areas in which such reforms could have a major impact on human development, poverty alleviation, and sustainability are: illicit financial flows and transparency, intellectual property rights, resource and borrowing privileges, illegitimate debt, trade agreements, tax competition, financial regulation, labour standards, environmental stability and perverse subsidies, climate change, immigration policy and arms trade."[25]

In addition to reforming institutionalised rules and practices that impede development, the governance thematic area also advocates profound change to global governance structure, "a post-2015 (development) framework must outline, in the most detailed manner possible with concrete commitments and timely targets, steps to transform the current global architecture."[26] The resonance of this argument with efforts to reform global health governance is striking and could be used to encourage momentum. One final point also worth noting is on financing. The governance paper suggests that "resources (for development) should be allocated through at least two main sources: aid and the diversion of funds from harmful practices."[27] This is possibly worth exploring further with the governance thematic as it could combine the agendas of innovative financing and public health.

In summary, although the governance paper would have been stronger with specific references to health, the arguments of the paper are closely aligned with those of the health thematic. For example, in principle the concept of just governance can be easily related to challenges such as maximising healthy lives or universal access. The thematic report also advocates global governance reform and cross-sectoral action on social issues influencing health outcomes. There are clear opportunities for the two thematic areas to strengthen their communication and advance their common agenda for the post-2015 development framework.

21 Transparency International (2010) The Anti-Corruption Catalyst: Realising the MDGs by 2015, http://www.transparency-usa.org/documents/AntiCorruptionCatalystRealisingtheMDGby2015.pdf – last accessed 20 May 2013
22 Governance Thematic Paper, p.2

23 Ibid., p.2
24 Ibid., p.6
25 Governance Thematic Paper, p.16
26 Ibid., p.18
27 Ibid., p.16

CONFLICT AND FRAGILITY

Sustainable peace is a prerequisite for development and poverty reduction. As the conflict and fragility thematic paper emphasises, state instability has both direct and indirect consequences. Directly, the effects of conflict are felt by around 1.5 billion people living in fragile areas. Over the past decade, conflict-affected and fragile states have consistently made the least progress towards the MDGs. [28] Nearly 30 of the 44 countries at the bottom of the UNDP's human development index are fragile states. [29] Indirectly, conflict spills over borders resulting in neighbouring countries experiencing violence and instability as well as hosting large displaced populations. Conflict-affected and fragile states are also at greater risk of disaster because they have less capacity to respond to unexpected events. Over coming decades, climate change is likely to increase the frequency and severity of natural disasters as well as increase the risk of conflict over natural resources. [30] Global trends in urbanisation and population growth may also exacerbate the human impact of natural disasters and conflicts.

Although the conflict and fragility thematic paper presents a strong case for giving greater consideration to the issue in the post-2015 development framework, the discussion of the links with health are generally disappointing. One of the primary points the paper makes, which is accepted in the UN Task Team paper, is that the key priorities for achieving sustainable peace are not adequately covered by the existing MDG framework. [31] For the conflict thematic area, "the (post-2015 development) framework must address the multiple and interlinked factors that drive conflict and prevent the development of resilience against natural disasters and slow-onset environmental change." [32] The strategies proposed to address conflict and fragility include:

→ Increasing the resilience of individuals by investing in social protection & reducing inequality
→ Building absorptive and adaptive capacity of local and national systems to shocks
→ Embedding disaster risk reduction in education systems
→ Establishing early warning systems and contingency plans
→ Increasing political participation and respect for human rights

Although the thematic paper states that the provision of health care contributes to greater resilience, the discussion should have addressed how conflicts, disaster and fragility affect the health of populations and the provision of health care. Firstly, there are generally increases in deaths mainly due to infectious diseases and partly because of injuries related to conflict or disaster. Secondly, disasters and conflict may result in the destruction of a large proportion of health infrastructure. Thirdly, health workers may leave or be directly targeted as in the cases of Cambodia in the late 1970s and Pakistan and Nigeria more recently. Fourthly, access to existing health care can be inequitable due to the geography of internal conflict or reduced when the health system is overloaded with sudden increases in patients. [33]

A strength of the paper worth noting is the emphasis on the specific needs of women during conflicts and disasters. In particular, there are several references to the need to provide reproductive and sexual health care as well as population planning services. There is also discussion on the prevention of gender-based violence. The prominence of these issues is probably partly due to UNAIDS, UNFPA and UN Women submitting papers to during the consultations.

In summary, the conflict and fragility thematic paper makes strong arguments about the importance of sustainable peace for development and the importance of taking into account gender. The discussion of health could have been broader and more detailed.

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28 World Bank (2011) World Development Report 2011: Conflict, Security and Development, Washington DC, p.1
29 UNDP (2013) Human Development Report 2013: The Rise of the South, New York; OECD (2013) Fragile States: Resource Flows and Trends in a Shifting World, Paris
30 IPCC (2007), Climate Change 2007: Synthesis Report, Geneva, Switzerland, pp.45-50
31 Conflict and Fragility Thematic Paper, p.2; UN Task Team (2012) Realizing the Future We All Want, New York, p.7
32 Conflict and Fragility Thematic Paper, p.2
33 For more on the topic, see Jonnalagadda Haar, Rohini and Rubenstein, Leonard (2012) Heath in Post-Conflict and Fragile States, United States Institute of Peace, http://www.usip.org/files/resources/SR_301.pdf - last accessed 20 May 2013

INEQUALITIES

Inequalities are a global challenge. Although the number of the world's poor living on less than USD 1.25 per day has fallen from 1.9 billion in 1990 to 1.3 billion in 2008, income inequalities within and between countries have increased since the early 1980s, including in high-income countries. [34] At the same time, close to 70% of the world's poor now live in middle income countries. [35] Inequalities based on gender and minority status also persist globally, as shown in wage earnings differentials, access to positions of decision-making and HIV infection rates. [36] The consequences of inequalities include: reductions in the pace and sustainability of economic growth; the worsening of existing fragilities and vulnerabilities, including to conflict and disasters; and the weakening of social cohesion and of security for all. It is now widely recognised that inequalities must be included in the post-2015 development framework. [37]

From the perspective of the conversation with health, the inequalities thematic area is one of the most closely aligned with health's principles and priorities for the post-2015 development framework. Firstly, the four dimensions of inequality identified by the thematic paper – economic, social, environmental and political – overlap closely with the social determinants of health. Secondly, the paper's discussion of these dimensions is highly conscious of health, which makes it one of the most rounded in terms of framing health. For example in relation to the environmental, economic and social dimensions, the paper makes the following statement,

> The risks of exposure to contaminated water, air, and soil, proximity to toxic and other waste dumps, access to adequate sewage systems and the application of protective regulations are in many countries unequally distributed, to the detriment of people living in poverty and other disadvantaged groups. The limited opportunities for work and housing may offer no safe choices. Children's development is damaged, while parents' health is compromised by hazardous occupations."[38]

Thirdly, the inequalities paper recognises that inequalities and poverty are self-reinforcing, which requires coordinated cross-sectoral responses,
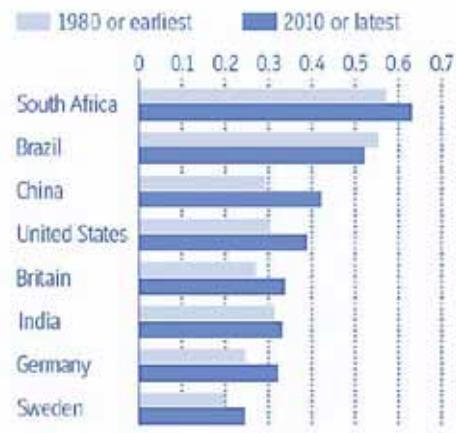

Figure 7:   Growing inequalities as measured by change in Gini coefficient between 1980 and 2010
Source: The Economist, Special Report: For Richer or Poorer, October 2012

> "People may also experience discrimination on more than one basis in the social domain. Gender, race, disability, sexual orientation and gender identity, minority language and ethnic groups, minority and unrecognized religious and or/non-religious groups, HIV status, place of residence and age-based discrimination can overlap in many different ways. These intersecting inequalities are not just a simple sum of the various dimensions of exclusion. Rather, where different forms of social inequality overlap, mutual reinforcement occurs creating unique forms of discrimination, which cannot be unpacked and dealt with separately."[39]

Thus, the inequalities thematic paper closely mirrors the arguments of the Commission on Social Determinants of Health,

> "Inequity in the conditions of daily living is shaped by deeper social structures and processes. The inequity is systematic, produced by social norms, policies, and practices that tolerate or actually promote unfair distribution of and access to

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34 Chen, Shaohua and Ravallion, Martin (2012) "An update to the World Bank's estimates of consumption poverty in the developing world", Briefing Note, Washington D.C.: World Bank, Development Research Group
35 Kanbur, Ravi and Sumner, Andy (2012) "Poor Countries or Poor People: Development Assistance and the New Geography of Global Poverty" in Journal of International Development, Vol. 24, pp.686-695
36 UN Women (2011) Progress of the World's Women 2011-2012: In Pursuit of Justice, http://progress.unwomen.org/pdfs/EN-Report-Progress.pdf last accessed 20 May 2013; Minority Rights International (2012) State of the World's Minorities, London
37 UN Task Team (2012) Realizing the Future We All Want, New York, p.9
38 Inequalities Thematic Paper p.28
39 Inequalities Thematic Paper p.31

power, wealth, and other necessary social resources. Every aspect of government and the economy has the potential to affect health and health equity – finance, education, housing, employment, transport, and health, just to name six. Coherent action across government, at all levels, is essential for improvement of health equity." [40]

One possible criticism of the inequalities thematic paper is that there is no discussion of how health challenges such as NCDs and mental health interact with and reinforce inequalities. The only discussion of NCDs and mental health is in relation creating or increasing disability in older people. [41] Another criticism is that there is no mention of universal health coverage. Although there are frequent references to social protection as an effective policy response to inequality and there is specific emphasis given to the importance of universal access to sexual and reproductive health, a broader discussion of social protections for health is entirely missing. [42]

In summary, inequalities is one of thematic areas that most strongly reinforces health. The final paper has addressed health-related concerns in a holistic and generally comprehensive manner. There are significant opportunities for the two thematic areas to reinforce each other's messages on the basis of a SDOH approach.

FOOD

As the food security and nutrition thematic consultations emphasise, "eradicating malnutrition and food insecurity are intimately linked with and contribute to issues of poverty, health, water and sanitation, maternal and child care, environmental sustainability, climate change, resilience and equity." [43] In 2010, nearly 870 million adults were chronically undernourished, of whom 98% lived in developing countries. Furthermore, around 33% of children under the age of five in developing countries were stunted due to under-nutrition. [44] Conversely, it was estimated in 2005 that almost 940 million adults were overweight and close to 400 million were obese. [45] These problems associated with this malnutrition have large and growing fiscal, economic and human costs.

As outlined in the methodology in Appendix A, our analysis of the food security thematic consultations focused on a detailed issues paper prepared for a consultation with stakeholders because the final paper had not been published at the time of writing. Importantly, this issues paper follows the UN Task Team's recommended structure for the thematic consultation final reports. It is also consistent with the co-chairs' report from the final stakeholder meeting in April 2013.

Overall, the food thematic area is relatively comprehensive about the links between food and health. The issues paper states,

"Under-nutrition leads to sub-optimal physical and cognitive development, poor educational outcomes, lower resistance to illness, increased chronic illnesses in adulthood and hindered productivity as adults, all factors that lower economic potential of individuals and societies and perpetuate poverty. Over-consumption, likewise, increases risks of chronic diseases and associated health care costs." [46]

The food thematic area also calls for greater policy coordination,

"Balanced and safe diets prevent all forms of malnutrition… Policies should therefore aim to improve food consumption and not be limited to the availability of staple foods and calories… Food security is (also) only achieved when access to an appropriately nutritious diet is coupled with a sanitary environment, including access to safe water and adequate health services and care." [47]

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40 WHO (2008) Commission on Social Determinants of Health Final Report: Closing the Gap in a Generation, Geneva, p.10
41 Inequalities Thematic Paper p.48
42 Ibid., p.58
43 Food Security Issues Paper p.2
44 FAO (2012) The State of the Food Insecurity in the World, Rome, p.11
45 DeLaet (2012) Global Health in the 21st Century, Paradigm Publisher, London, p.76
46 Food Security Issues Paper p.9
47 Ibid., p.9

The proposed intervention strategies for responding to food security, hunger and malnutrition are relatively wide,

1. Ensure sustainability in terms of food consumption and production
2. Increase the reliance of agriculture and food systems, especially against the effects of climate change
3. Emphasise rights-based approaches, including the right to food, and the right to sustainable tenure of land, forestry, fisheries and natural resources
4. Improve governance, focusing particularly on reducing inequality and assuring transparency and inclusion in legislative and other rule-making processes
5. Integrate social protection systems with food assistance to improve efficiency
6. Align food-based responses with public health interventions at all levels. [48]

Noting the final intervention strategy on the alignment of food-based responses with public health interventions at all levels, the food thematic is relatively strong on cross-sectoral collaboration. The issues paper includes a lengthy list of model initiatives including the WHO's comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition. [49]

Another possible criticism of the food thematic is the limited specific references to working with health ministries and organisations, including WHO, given the stated need to "align food-based responses with public health interventions at all levels." In particular, the WHO arguably has a much greater role to play in leading and coordinating a response to food insecurity and malnutrition than the simply developing and monitoring health indicators as suggested by the thematic paper.

Nevertheless, one notable criticism of the food thematic area is the narrow treatment of the economic dimension of malnutrition and food insecurity. Specifically, there is no discussion of how the commercial determinants of health such as advertising influence the dietary decisions of adults and children. This is a significant omission in light of numerous studies showing this link and the alarming growth in the global disease burden and prevalence of overconsumption. [50] By 2030, it is predicted based on current trends that 2.2 billion (27%) of the world's adult population will be overweight and 1.2 billion (14%) will be obese. [51] The food thematic paper is also insufficiently thorough discussing the perverse influence of market forces. While acknowledging urban expansion and 'land grabbing' have reduced the amount of land under cultivation, and biofuels and cash crops have reduced the amount of land used to cultivate staples, the food security thematic paper does not proposed any strategies to respond to these issues. Significantly, there is no discussion of the role of market speculation in increasing the cost and volatility of food prices.

In summary, the food insecurity and nutrition thematic highlights in detail the link with health and importance of cross-sectoral policy responses. However, the proposed implementation strategies are perhaps too heavily focused on food production systems, increasing food production and adapting/mitigating climate change. A more comprehensive approach must address the economic dimensions of food security and malnutrition such as the impact of food speculation on prices and commercial advertising on dietary decisions. It must deal not only with unsustainable production but also unsustainable consumption. This is critical for the NCD agenda and many of the equity issues related to it.
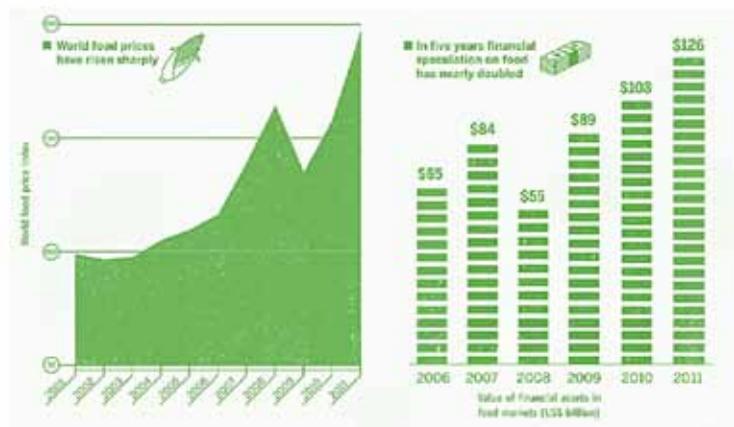
Figure 8:   Food prices and financial speculation on food
Source: http://www.wdm.org.uk

48 Ibid., p.9
49 Ibid., p.7
50 Lang, Rayner and Kaelin (2006) The Food Industry, Diet, Physical Activity and Health, Centre for Food Policy, London; Cairns et al. (2009) The Extent, Nature and Effects of Food Promotion to Children, Institute for Social Marketing, London
51 DeLaet (2012) Global Health in the 21st Century, Paradigm Publisher, London, p.76

WATER

Sustainable management of water resources is crucial for development and the conservation of the environment. Water is particularly linked with health, food production and energy needs. Despite global progress increasing access to improved water and sanitation, close to 780 million and 2,500 million people do not have access to safe drinking water and basic sanitation respectively. This has impeded progress improving health, especially maternal and child health with diarrhoea remaining the second leading cause of death for children under five years of age. Water for irrigation and food production constitutes one of the greatest pressures on freshwater resources. Agriculture accounts for around 70% of global freshwater withdrawals. [52] Unsustainable patterns of food consumption and production are exacerbating this problem while climate change is predicted to further reduce the availability of fresh water. [53] Finally, as the water thematic consultation highlighted, "a water-secure is impossible without energy security, and vice versa." [54] Energy production depends on water for operating thermal and hydro-electric power stations as well as for the extraction, transport and processing of fuels. [55]

On balance, the water thematic area is extensive and thorough in articulating the links between water with other sectors, including health. Good health is largely framed as an outcome of improved water resource management and equitable access to safe drinking water and sanitation. The final thematic report touches upon a range of health issues, which could be considered traditional health concerns, such as water-borne infectious disease, and early childhood diarrhoea and worm infection. [56] Non-communicable diseases are also addressed, mostly in terms of exposure to toxic substances polluting water. [57]
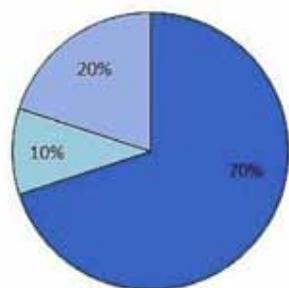
Figure 9: Global Water Usage
Source: UN-Water Statistics

The water thematic paper proposes the following conclusions and recommendations:

→ *"Water is a key determinant in all aspects of social, economic and environmental development and must therefore be a central focus of any post-2015 framework for poverty eradication and global sustainable development*
→ *Water sanitation and hygiene, water resource management and wastewater management, and water quality are all indispensable elements for building a water-secure world*
→ *Water security will be of going importance. Water should be addressed adequately in the Post-2015 Development Agenda, in order to prevent crises in water as well as in the water-dependent sectors*
→ *Governments play a key role in securing water for competing demands; however the quest for a water-secure world is a joint responsibility and can only be achieved through water cooperation at local, national, regional and global levels and through partnerships with a multitude of stakeholders ranging from citizens to policy makers to the private sector.*
→ *Water-related capacity development, both at the individual and institutional levels, will be fundamental in the realization and implementation of the Post-2015 Development Agenda*
→ *Innovative, inclusive and sustainable financing mechanisms for water need to be implemented*
→ *The world must aim for universal access to safe and sustainable water, sanitation and hygiene services*
→ *Ground and surface water should be monitored and governed sustainability and in an integrated manner to satisfy human needs while respecting ecosystem requirements*
→ *All used water and wastewater should be collected and treated before it is returned to nature and managed under principles of pollution prevention and reuse." [58]*

It is particularly positive to see the addition of water resource management and water quality to the agenda given the existing MDG framework's narrow focus on WASH. The emphasis on improving water governance is also significant. Although the water thematic consultations specify the goal of universal access to safe and sustainable water, sanitation and hygiene services, it is unclear how it might be incorporate within the post-2015 development framework. Given water's significance as a determinant to health and its low profile among the MDGs, it will be important for health to support water being more

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52 UNESCO (2012) World Water Development Report, Paris
53 IPCC (2007), Climate Change 2007: Synthesis Report, Geneva, Switzerland, p.49
54 Water Thematic Paper, p.31

55 IEA (2012) World Energy Outlook 2012, Paris, pp.501-527
56 Water Thematic Paper, p.11
57 Ibid., p.16
58 Water Thematic Consultations Paper, p.22

prominently positioned in the post-2015 development framework. There might also be opportunities for the two sectors to work together advancing the principle of universal access. Furthermore, health may wish to suggest that the water sector consider adding the dimension of affordability.

One possible criticism of the water thematic consultations is their omission of vector-borne disease. In particular, it would have been useful to draw out the links between water governance and public health interventions to control vector-borne diseases reliant on water, such as malaria.

In summary, water quality and water resource management has both direct and indirect links with health, particularly through food and energy production. Almost 10% of the global burden of disease could be prevented by increasing access to safe drinking water and sanitation, and improving water management to reduce water-borne disease. [59] The water thematic is comprehensive about these links. **It will be important for health to support water being more prominently positioned in the post-2015 development framework than previously in the MDGs.**

ENERGY

As the energy thematic consultations emphasised, "energy is a critical component of the post-2015 development agenda. Access to clean and affordable energy will facilitate progress in education, health, livelihood, agriculture, local economies, women's empowerment, and the environment. Energy can significantly influence numerous development outcomes." [60] At present, 1.3 billion people or 20% of the global population lack electricity to light their homes and conduct business. Another 2.6 billion or 40% of the global population rely on solid fuels to cook their food, which causes lung disease and kills millions of people each year, most of them women and children.

As outlined in the methodology in Appendix A, our analysis of the energy thematic consultations focused on a background paper summary of the consultation meetings because the final paper had not been published at the time of writing. Although the energy consultation meetings mention health frequently, the links between energy and health are perhaps more clearly made in the energy background paper. This document states,

"Diseases caused by un-boiled water, and respiratory illness caused by the effects of indoor air pollution from traditional fuels and stoves, directly contribute to infant and child disease and mortality. Women are disproportionately affected by indoor air pollution and water- and food-borne illnesses. Lack of electricity in health clinics, illumination for

night time deliveries, and the daily drudgery and physical burden of fuel collection and transport all contribute to poor maternal health conditions. Health care facilities, doctors and nurses, all require electricity and the services that it provides to deliver effective health services." [61]

According to the energy thematic area, the energy goal for the post-2015 development framework should be "sustainable energy for all" with the following priorities:

1. Promoting universal energy access
2. Increasing the use of renewable and clean energy
3. Improving energy efficiency. [62]

One possible criticism of the energy thematic consultation is that it inadequately addresses the environmental and health impacts of transport. Road transport accounts for close to 10% of all emissions yet is discussed only superficially. [63] Furthermore, transport, especially road transport is responsible for millions of deaths and injuries worldwide each year. [64] More energy-efficient transport systems, including more extensive public transport networks, could thus reduce emissions and prevent millions of deaths from traffic injuries and air pollution. These are co-benefits across sectors worth discussing.

59 Lim et al. (2012) "Comparative Risk Assessment of Burden of Disease and Injury Attributable to 67 Risk Factors and Risk Factor Clusters in 21 Regions, 1990-2010: A Systematic Analysis for the Global Burden of Disease Study 2010", The Lancet, Vol. 380 pp.2224-60
60 Energy Thematic Summary of Consultations, p.20
61 Energy Thematic Background Paper, p.7
62 Energy Thematic Paper, p.3
63 World Resources Institute (2009) World Greenhouse Gas Emissions in 2005, http://www.wri.org/chart/world-greenhouse-gas-emissions-2005 - last accessed 20 May 2013
64 WHO (2004) World Report on Road Traffic Injury Prevention, Geneva
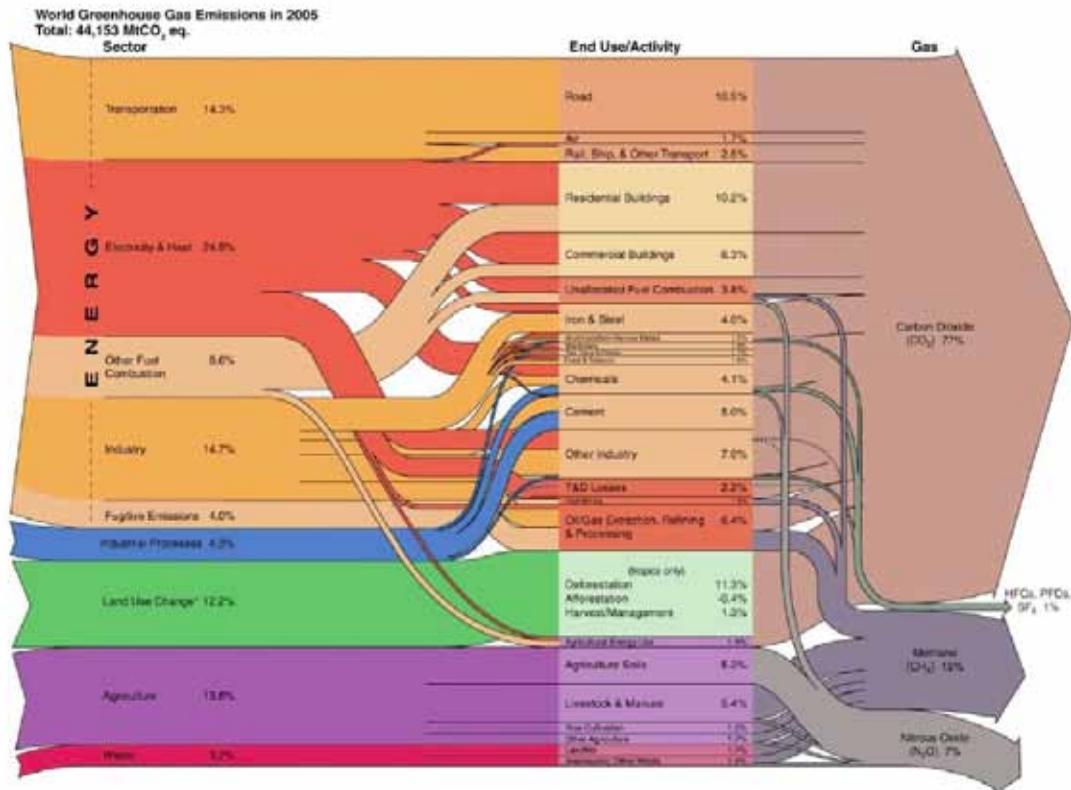
Figure 10: World Greenhouse Gas Emissions in 2005
Source: World Resources Institute

Another criticism of the energy thematic is that it does not compare different energy sources or extraction and production techniques based between their direct and indirect health impacts. Although solid fuels are singled out as being particularly harmful to health, the energy thematic would have benefited from a discussion of the environmental and health risks of different energy sources taking into account recent accidents such as Fukushima nuclear accident and the BP Deep Horizon oil spill.

In summary, the energy thematic paper's discussion of health issues is somewhat brief and incomplete. The consultations rightly emphasise the disease burden associated with solid fuels and the importance of energy for the health care system. However, thematic consultations do not properly address the links between energy, transport and health. The paper would have also benefited from a discussion of the direct and indirect health impacts of different energy sources. On the other hand one has to draw attention to the fact that the health debate also still frequently neglects issues related to energy. Both sides need to become more aware of the co benefits and synergies that would be possible.

GROWTH

Economic growth drives poverty reduction and development by creating jobs but is not sufficient by itself; economic growth, social development and environmental sustainability are interrelated and mutually dependent. As the economic growth and employment thematic area argues,

> "The (post-2015 development) agenda should focus not only on growth, but it should recognise the importance of growth for employment creation and improved well-being. Growth must be inclusive. A broader notion of well-being should be a key orientation of the new agenda."[65]

On balance, the growth and employment thematic paper is disappointing and contains almost no discussion of the links between economic development and health. The most explicit reference relates to a short statement that "health and education goals and targets should be retained in the new framework." The health thematic paper is far more comprehensively describing the cross-sectoral links between health and the economy,

> "(On the one hand), economic development improves population health and well-being as long as the fruits of economic development are distributed in ways that contribute to improving the well-being of everyone in society. (On the other), good health affects a country's economic output: a healthier workforce is more productive and more resilient because workers tend to have more energy and better mental health, and there is less absenteeism; healthy populations live longer and therefore have increased incentives to save for their future financial needs. An increase in national saving leads to a larger supply of capital, leading to further domestic investment, additional physical and human capital, and technological progress, all of which are classic drivers of economic growth; (and) a country with a healthier workforce is (also) likely to attract more foreign direct investment."[66]

The economic growth and employment thematic paper is also very short with a cursory treatment of most issues. One possible explanation is that growth was the first thematic area to conduct consultations and guidance on the final report was possibly unclear. Nevertheless, there are three points that are worth highlighting. Firstly, one of the consultation meetings raised a useful point about the care economy, which the health sector

might wish to argue in support of better funding of the health system. Specifically,

> "(The) care economy needs to be considered, given its importance as a social security of the last resort. The assumption that the care economy is infinitely elastic is proving not to be true."[67]

Secondly, the economic growth and employment thematic area argues in much the same way as the other sectors that inequalities should be a priority for the post-2015 development agenda. And thirdly, the final paper emphasises the need to promotion social protection, which reinforces the health sector's goal of universal health coverage.

> Social protection has a transformative nature and it is growth-enhancing. It should take two forms: a basic social protection floor for all to ensure dignity in life, and targeted social programmes fr vulnerable and marginalised groups of people… Design of social protection programmes should take into account fiscal and political trade-offs."[68]

In summary, economic growth is an important driver of social development if it can be directed to the improvement of everyone's well-being. Unfortunately, the economic growth and employment thematic area have made very few references to health and their final paper is disappointingly short and cursory. A range of the issues mentioned are of course of relevance to a SDOH agenda – but given the cursory nature of the TAR they cannot be fully developed.

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65 Economic Growth and Employment Thematic Paper, p.5
66 Health Thematic Paper, p.31
67 Economic Thematic Paper, p.21
68 Ibid., p.4

EDUCATION

As the education thematic area states, education is a catalyst for inclusive economic growth, equipping people with the relevant training, skills and competencies to secure decent work and be productive citizens. The provision of education (also) contributes to progress on a range of development goals, including the eradication of poverty, social cohesion, good governance and participatory citizenship, improved health and gender equality."[69] Although there has been rapid progress in expanding basic formal education, there still persist significant education inequalities between and within countries. Between 1970 and 2005, the percentage of the global population who were illiterate halved from 40% to 20%, yet this still leaves close to 800 million illiterate adults.[70]

As outlined in the methodology in Appendix A, our analysis of the education thematic consultations focused on the UN think piece on education and the draft executive summary of the final thematic report because the final paper had not been published at the time of writing. Overall, the education thematic area and its papers available thus far are reasonably thorough in their discussion of the links between education and health.

Firstly, there is the recognition that improved education contributes to better health. Secondly, the role of education in contributing to sexual and reproductive health is given prominence. The education draft executive summary states,

"In the absence of effective sexual and reproductive health education, adolescent girls are especially vulnerable to pregnancy and sexual violence, which negatively impact school participation and attainment."[71]

Thirdly, the education thematic highlights that safe and health learning environments are a precondition for education. Specifically,

"Ensuring the provision of safe and health learning environments is a recommended priority. This includes infrastructure such as safe, disaster-sensitive school buildings and classrooms, the availability of safe drinking water and separate toilets in sufficient quantities for boys and girls."

The overarching goal for education proposed by the education thematic area is "equitable quality lifelong education and learning for all". Education's priorities are:

→ Guarantee equitable and inclusive access to quality learning
→ Establish quality learning environments, including safe and healthy schools
→ Improve learning outcomes for girls and marginalised and vulnerable groups.
I→ncrease learning about sustainable development
→ Ensure sustainable financing for education
→ Promote participation, good governance and accountability

One point made by the education thematic area, which is also relevant to the health sector's goals, was that the post-2015 development framework must include a broader view of education than the universal primary education goal in the MDGs if it is to have relevance to middle- and high-income countries. Specifically, the education thematic area says,

"Inequalities in education are not limited to particular countries and the post-2015 education agenda should therefore be valid for all countries, while emphasizing the need for international support to the poorest countries. Hence, the agenda must strike a balance between providing internationally comparable goals while allowing for national ownership by setting ambitious goals, targets and indicators that are applicable to the national context and challenges."[72]

In summary, education is both an enabler and a driver of inclusive, sustainable development. The education thematic area and its papers available thus far addresses the links with health in reasonable detail including the role of education in support women's sexual and reproductive rights, as well as the importance of safe and healthy learning environments for learning. **There is significant potential here to embark on a dialogue on the SDOH**.

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69 Education Draft Executive Summary of Thematic Paper, p.1
70 UNESCO (2012), Education for All Global Monitoring Report: Youth, Skills and Work, Statistical Table 2, Paris
71 Education Draft Executive Summary of Thematic Paper, p.3
72 Ibid., p.5

POPULATION

Demographic changes interact with many dimensions of development. For example, the relative size of a country's working age population impacts on economic activity and population growth influences the demand for essential services such as health, education, housing, sanitation, food and energy. This century, most countries will experience large yet different demographic changes. The average age of populations in high-income and middle-income countries will generally increase as they undergo a "demographic transition". In contrast, the average age of lower-income countries will remain relatively low and the dependency ratio will decrease as more of the population enters the workforce, thus creating a "demographic dividend". As the population dynamics thematic area also highlights, migration and urbanisation will impact of development,

"Today, the least developed countries in Africa and Asia are experiencing rapid urban population growth that is being fuelled by continued ruralÐurban migration. And in more and more countries ruralÐurban migration is but the first step to international migration. During the past two decades, international migrants as a fraction of global population has remained constant but it has increased significantly in terms of absolute numbers, and it has become an extremely important phenomenon if measured by its social, economic and political impact. Today, remittances by workers living abroad dwarf almost any other financial flow between countries."[73]

Assessing the population thematic final paper, it is thorough in covering different types of demographic change. The population thematic also makes an important contribution to the general debate in highlighting that there are both challenges and opportunities in changing demographics, whereas most of the other thematic areas mainly focus on population dynamics as a constraint. Unfortunately, the population thematic area is less comprehensive on how these dynamics relate to health. Specifically, the framing of health is disappointingly narrow, focusing on policies influencing birth and death rates, and not enough on the importance of the relative health of the population in general.

For analytical and policy purposes , the population thematic area looks at global issues relating to demographic change and specific issues for regions with high and low fertility. The final thematic papers identifies three global issues — social protection, migration and urbanisation — and makes the following notable points among a long list of recommendations:

"Promote the development of human capital, notably health and education, throughout the life course… (and) strengthen national social protection floors and progressively comprehensive social protection systems, as agreed (in Recommendation 202) by Member States at the International Labour Conference in June 2012."[74]

"Eliminate policies that create barriers for migrants to access their human rights… (and) respect equal treatment with regard to employment, wages, working conditions, and social protection and other social benefits including health care."[75]

"Enable and support city governments to prepare, implement and monitor participatory city development plans that promote sustainable cities and resilient populations by accommodating a growing number of urban residents, including the poor, and ensure affordable access to land, housing, water, sanitation, energy, ICT and transport as well as health, education and other essential services."[76]

Notably for expanding the debate, the population thematic area argues that demographic changes present opportunities as well as challenges,

"the concentration of people in urban areas provides opportunities to deliver public services at low per capita cost than if people were more geographically distributed. A rapid and marked decline in fertility levels, which temporarily leads to an increase of the number of people of working-age…can positively influence development by raising capital/labour ratios and enabling governments and families to increase their investments in each and strengthen the development of human capital in general."[77]

With respect to regions with high and low fertility, the thematic paper makes recommendations primarily related to reducing the birth rate and improving the quality of life of older people respectively,

73 Population Dynamics Thematic Paper, p.4
74 Ibid., p.36
75 Ibid., p.38
76 Ibid., p.39
77 Population Dynamics Thematic Paper, p.6

"(In high fertility countries,) accelerate implementation of universal access to quality, accessible, affordable and comprehensive sexual and reproductive information, education, services and supplies … (In low fertility countries,) provide increased coverage and adequate levels of social protection… (and) develop appropriate technologies and infrastructure to accommodate the needs of older persons and persons with disabilities." [78]

One general criticism of the population thematic area, which could also be made of the general discourse on sustainable development, is that there is an overemphasis on the contribution of population growth to environmental degradation and climate change. Although population growth certainly increases the demand for things such as food, water and energy, it should be remembered that current pressures on the environment are largely due to unsustainable economic practices and poor management and regulation of infrastructure and resources. These are governance issues that individuals have minimal direct influence over, especially in countries with a democratic deficit.

Our main criticism of the population thematic final paper is that it does not discuss the relative health of the population or properly take account of the increasing burden of NCDs. How

a population ages has a major impact on the prosperity of a society; a population that remains healthy longer into older age is likely to be economically active for longer and place fewer demands on the health care system. Conversely, population with chronic health problems at a relatively younger age is likely to have lower economic productivity and much higher health and social welfare costs. For middle-income countries with ageing populations, such as China, India and Brazil, this is a critical question for determining to what extend changing demographics might erode their long-term economic growth. The NCD epidemic is highly pertinent to this issue but is not discussed in detail.

In summary, the population thematic area outlines well the types of demographic changes expected over the coming decades and points out that they present both challenges and opportunities. With respect to the links between population dynamics and health, unfortunately, the thematic paper is too narrow and omits the important issue of how a population ages – that is, 'healthy life expectancy' rather than 'life expectancy'. Much more dialogue is needed to jointly take the SDOH agenda further even though the focus on gender issues is critical for an SDOH approach.

Section Six
Report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda

BACKGROUND

In July 2012, the UN Secretary-General Ban Ki-moon convened a High-Level Panel (HLP) of 27 eminent persons to advise him on a "bold and practical" development agenda beyond 2015 when the MDGs are scheduled to conclude. The Panel's final report, which was completed in May 2013, will serve as a key input for the September2013 UN General Assembly on the post-2015 development agenda.

The HLP was co-chaired by President Susilo Bambang Yudhoyono of Indonesia; President Ellen Johnson Sirleaf of Liberia; and Prime Minister David Cameron of the United Kingdom. Together, the eminent persons on the Panel possessed a range of professional backgrounds and represented a diversity of countries.79

The **broad purpose of the HLP was to ensure the representation of countries at different levels of development and provide independent recommendations to the UN on the post-2015 development agenda**. As outlined in the HLP's terms of reference, the three of objectives of the Panel's final report were to provide:

1. *Recommendations regarding the vision and shape of a post-2015 development agenda that will help respond to the global challenges of the 21st century, building on the MDGs and with a view to ending poverty*

2. *Key principles for reshaping the global partnership for development and strengthened accountability mechanisms*

3. *Recommendations on how to build and sustain broad political consensus on an ambitious yet achievable post-2015 development agenda around the three dimensions of economic growth, social equality and environmental sustainability*

The HLP prepared its findings and recommendations drawing on the work of the UN Task Team and the UN-led national and thematic consultations, discussed above. The HLP also convened independent stakeholder meetings that drew the contributions of more than 5000 civil society organisations and 250 private sector stakeholders. These meetings were held in London, Monrovia and Bali between October 2012 and March 2013.

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79 The full list of Panel members included: Fulbert Amoussouga Gero (Benin); Minister Izabella Teixeira (Brazil); Minister Maria Angela Holgiun (Columbia); Yingfan Wang (China); Gisela Alonso (Cuba); Jean-Michel Severino (France); former President Horst Köhler (Germany); Abhijit Banerjee (India); President Susilo Bambang Yudhoyono (Indonesia); former Prime Minister Naoto Kan (Japan); Queen Rania Al Abdullah (Jordon); Betty Maina (Kenya); Minister Sung-Hwan Kim (Korea, Republic of); Andris Piebalgs (Latvia); President Ellen Johnson Sirleaf (Liberia); Patricia Espinosa (Mexico); Graça Machel (Mozambique); Paul Polman (Netherlands); Minister Ngozi Okonjo-Iweala (Nigeria); Elvira Nabiullina (Russia); Minister Gunilla Carlsson (Sweden); Minister Emilia Pires (Timor-Leste); Kadir Topbas (Turkey); Prime Minister David Cameron (United Kingdom); John Podesta (United States); Tawakkol Karman (Yemen). The 27th (ex-officio) member of the HLP was Amina Mohammed, Special Advisor of the UN Secretary-General.

FINDINGS AND RECOMMENDATIONS

The HLP's overarching recommendation is that "the post-2015 development agenda must be guided by the vision of eradicating extreme poverty once and for all, in the context of sustainable development." [80] The HLP argues for this approach on the basis that the objectives of the MDGs and sustainable development are interrelated and mutually-dependent. The HLP also suggests that this is a universal agenda applicable to all countries.

In order to end poverty and promote sustainable development, the HLP calls for "five big transformative shifts" because "business as usual is not an option." Specifically,

1. **Leave No One Behind** - *After 2015 we should move from reducing to ending extreme poverty, in all its forms. We should ensure that no person – regardless of ethnicity, gender, geography, disability, race or other status – is denied basic economic opportunities and human rights.*

2. **Put Sustainable Development at the Core** - *We have to integrate the social, economic and environmental dimensions of sustainability. We must act now to slow the alarming pace of climate change and environmental degradation, which pose unprecedented threats to humanity.*

3. **Transform Economies for Jobs and Inclusive Growth** - *A profound economic transformation can end extreme poverty and improve livelihoods, by harnessing innovation, technology, and the potential of business. More diversified economies, with equal opportunities for all, can drive social inclusion, especially for young people, and foster sustainable consumption and production patterns.*

4. **Build Peace and Effective, Open and Accountable Institutions for All** - *Freedom from conflict and violence is the most fundamental human entitlement, and the essential foundation for building peaceful and prosperous societies. At the same time, people the world over expect their governments to be honest, accountable, and responsive to their needs. We are calling for a fundamental shift – to recognize peace and good governance as a core element of wellbeing, not an optional extra.*

5. **Forge a New Global Partnership** - *A new spirit of solidarity, cooperation, and mutual accountability must underpin the post-2015 agenda. This new partnership should be based on a common understanding of our shared humanity, based on mutual respect and mutual benefit. It should be centered around people, including those affected by poverty and exclusion, women, youth, the aged, disabled persons, and indigenous peoples. It should include civil society organizations, multilateral institutions, local and national governments, the scientific and academic community, businesses, and private philanthropy.* [81]

Due to the broad scope of the post-2015 development agenda – combining social progress, equitable economic growth and environmental management, the HLP recommends a limited number of easily communicable goals that are 'smart': specific, measurable, attainable, relevant and time-bound. The HLP proposed the following set of 12 goals and 54 targets as examples of how priorities could be translated into a compelling and measurable framework.

UNIVERSAL GOALS, NATIONAL TARGETS

[1] Candidates for global minimum standards, including 'zero' goals.
[2] Indicators to be disaggregated.
[3] Targets require further technical work to find appropriate indicators.

1. End Poverty

1a. Bring the number of people living on less than $1.25 a day to zero **and** reduce by x% the share of people living below their country's 2015 national poverty line [1,2]

1b. Increase by x% the share of women and men, communities, and businesses with secure rights to land, property, and other assets [2,3]

1c. Cover x% of people who are poor and vulnerable with social protection systems [2,3]

1d. Build resilience and reduce deaths from natural disasters by x% [2]

2. Empower Girls and Women and Achieve Gender Equality

2a. Prevent and eliminate all forms of violence against girls and women [1,2,3]

2b. End child marriage [1,2]

2c. Ensure equal right of women to own and inherit property, sign a contract, register a business and open a bank account [1,2]

2d. Eliminate discrimination against women in political, economic, and public life [1,2,3]

3. Provide Quality Education and Lifelong Learning

3a. Increase by x% the proportion of children able to access and complete pre-primary education [2]

3b. Ensure every child, regardless of circumstance, completes primary education able to read, write and count well enough to meet minimum learning standards [1,2]

3c. Ensure every child, regardless of circumstance, has access to lower secondary education and increase the proportion of adolescents who achieve recognized and measurable learning outcomes to x% [1,2]

3d. Increase the number of young and adult women and men with the skills, including technical and vocational, needed for work by x% [2,3]

4. Ensure Healthy Lives

4a. End preventable infant and under-5 deaths [1,2]

4b. Increase by x% the proportion of children, adolescents, at-risk adults and older people that are fully vaccinated [1,2]

4c. Decrease the maternal mortality ratio to no more than x per 100,000 [1,2]

4d. Ensure universal sexual and reproductive health and rights [1,2]

4e. Reduce the burden of disease from HIV/AIDS, tuberculosis, malaria, neglected tropical diseases and priority non-communicable diseases [2]

5. Ensure Food Security and Good Nutrition

5a. End hunger and protect the right of everyone to have access to sufficient, safe, affordable, and nutritious food [1,2]

5b. Reduce stunting by x%, wasting by y%, and anemia by z% for all children under five [1,2]

5c. Increase agricultural productivity by x%, with a focus on sustainably increasing smallholder yields and access to irrigation [3]

5d. Adopt sustainable agricultural, ocean and freshwater fishery practices and rebuild designated fish stocks to sustainable levels [1]

5e. Reduce postharvest loss and food waste by x% [3]

6. Achieve Universal Access to Water and Sanitation

6a. Provide universal access to safe drinking water at home, and in schools, health centers, and refugee camps [1,2]

6b. End open defecation and ensure universal access to sanitation at school and work, and increase access to sanitation at home by x% [1,2]

6c. Bring freshwater withdrawals in line with supply and increase water efficiency in agriculture by x%, industry by y% and urban areas by z%

6d. Recycle or treat all municipal and industrial wastewater prior to discharge [1,3]

Figure 11: Illustrative Goals and Targets for the Post-2015 Development Framework
Source: Report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda, Annex I.

	7. Secure Sustainable Energy	7a. Double the share of renewable energy in the global energy mix
		7b. Ensure universal access to modern energy services [1,2]
		7c. Double the global rate of improvement in energy efficiency in buildings, industry, agriculture and transport
		7d. Phase out inefficient fossil fuel subsidies that encourage wasteful consumption [1,3]
	8. Create Jobs, Sustainable Livelihoods, and Equitable Growth	8a. Increase the number of good and decent jobs and livelihoods by x [2]
		8b. Decrease the number of young people not in education, employment or training by x% [2]
		8c. Strengthen productive capacity by providing universal access to financial services and infrastructure such as transportation and ICT [1,2,3]
		8d. Increase new start-ups by x and value added from new products by y through creating an enabling business environment and boosting entrepreneurship [2,3]
	9. Manage Natural Resource Assets Sustainably	9a. Publish and use economic, social and environmental accounts in all governments and major companies [1]
		9b. Increase consideration of sustainability in x% of government procurements [3]
		9c. Safeguard ecosystems, species and genetic diversity
		9d. Reduce deforestation by x% and increase reforestation by y%
		9e. Improve soil quality, reduce soil erosion by x tonnes and combat desertification
	10. Ensure Good Governance and Effective Institutions	10a. Provide free and universal legal identity, such as birth registrations [1,2]
		10b. Ensure people enjoy freedom of speech, association, peaceful protest and access to independent media and information [1,3]
		10c. Increase public participation in political processes and civic engagement at all levels [2,3]
		10d. Guarantee the public's right to information and access to government data [1]
		10e. Reduce bribery and corruption and ensure officials can be held accountable [3]
	11. Ensure Stable and Peaceful Societies	11a. Reduce violent deaths per 100,000 by x and eliminate all forms of violence against children [1,2,3]
		11b. Ensure justice institutions are accessible, independent, well-resourced and respect due-process rights [1,2,3]
		11c. Stem the external stressors that lead to conflict, including those related to organised crime [3]
		11d. Enhance the capacity, professionalism and accountability of the security forces, police and judiciary [3]
	12. Create a Global Enabling Environment and Catalyse Long-Term Finance	12a. Support an open, fair and development-friendly trading system, substantially reducing trade-distorting measures, including agricultural subsidies, while improving market access of developing country products [3]
		12b. Implement reforms to ensure stability of the global financial system and encourage stable, long-term private foreign investment [3]
		12c. Hold the increase in global average temperature below 2° C above pre-industrial levels, in line with international agreements
		12d. Developed countries that have not done so to make concrete efforts towards the target of 0.7% of gross national product (GNP) as official development assistance to developing countries and 0.15 to 0.20% of GNP of developed countries to least developed countries; other countries should move toward voluntary targets for complementary financial assistance
		12e Reduce illicit flows and tax evasion and increase stolen-asset recovery by $x [3]
		12f. Promote collaboration on and access to science, technology, innovation, and development data [3]

A notable strength of the HLP's proposed framework is its emphasis on human rights. Although the Millennium Declaration evokes a human rights normative framework, a rights-based approached was not explicitly articulated in the MDGs. The HLP report, in contrast, argues that "new goals and targets need to be grounded in a respect for universal human rights" and this is reflected in many of the proposed goals and indicators. For example, "5a - end hunger and protect the right of everyone to have access to sufficient, safe, affordable and nutritious food" and "6a - provide universal access to safe drinking water." This people-centred, human-rights approach articulated by the HLP is consistent with the UN Task Team's report, the recommendations made by the UN-led consultations, as well as the Rio+20 summit declaration.

Another strength of the HLP's report is its inclusion of important issues omitted under the MDGs. In recognition of the significance of peace and governance as preconditions and outcomes of development, the HLP has added these goals to its framework. Energy and water have likewise been added, which is particularly positive given their links to health. Inequality, which many commentators argued was a goal missing from the MDGs, is identified as a cross-cutting issue. The HLP recommends that all data is disaggregated and targets should only be considered achieved if they are met for all relevant income and social groups. [82] While this goes part of the way to focusing on inequalities, it must be said that the demands for disaggregating data are substantive.

With respect to health's priorities, it is positive that health is allocated its own goal and that this is pitched at the overarching level of "ensuring health lives". Neglected and non-communicable diseases receive specific mention. Risk factors contributing significantly to the global burden of disease, such as malnutrition, poor sanitation and household air pollution from solid fuels are also addressed under other sector specific goals.

The HLP's three main recommendations on implementing the post-2015 development agenda are based on promoting a global partnership, national ownership and multi-stakeholder participation. According to the HLP, promoting a global partnership is the most important "big transformational shift" and critical for the agenda's success. [83] Specifically,

"This (global partnership) must provide a fresh vision and framework, based on our common humanity and the principles established at Rio. Included among those principles:

universality, equity, sustainability, solidarity, human rights, the right to development and responsibilities shared in accordance with capabilities. The partnership should capture, and will depend on, a spirit of mutual respect and mutual benefit."

The HLP's second recommendation on implementation underlines the significance of country ownership and recommends the promotion of national plans whereby each government would set its own targets linked to the global goals and indicators, while taking into account the country's specific starting point and resources. The third suggestion is to increase the engagement of actors through "global stakeholder partnerships". According to the HLP, "these partnerships can share the costs, benefits and risks of financing large projects, can bring know-how and training, and in other ways tackle obstacles that no single government ministry, private business or CSO could surmount alone." [84]

While emphasising that more funding is required to finance the post-2015 development agenda, the HLP report argues that the most important source of long-term finance will be private capital coming from major pension funds, mutual funds, sovereign wealth funds, private corporations, development banks and other investors. [85] As such, the HLP encourages countries to strengthen their tax systems, broaden their tax base and build local financial markets rather than rely heavily on aid from developed countries.

To monitor and evaluate the post-2015 development agenda, the HLP makes two main recommendations. Firstly,

"The HLP recommends that any new goals should be accompanied by an independent and rigorous monitoring system, with regular opportunities to discuss results at a high political level. We also call for a 'data revolution' for sustainable development, with a new international initiative to improve the quality of statistics and information available to people and governments." [86]

Secondly, the HLP proposes changes to reporting such that the UN produces a single 'global sustainable development outlook' that consolidates all issues into one review. As part of this process, the HLP recommends countries report on their progress against the post-2015 development goals through regional peer-reviews, which the HLP suggests are more "friendly and constructive (with neighbours) than with the whole world".

82 HLP report, p.23
83 HLP report, p.15
84 HLP report, p.23
85 HLP report, p.12
86 HLP report, p.21

Finally, the Panel lists the following major risks to be managed if the new development agenda is going to be transformational:

→ Overload of priorities, a product of compromises rather than decisions, lacklustre and bland instead of transformative and focused
→ Focused on the agenda of the past and not oriented towards future challenges
→ Insufficiently ambitious, business as usual
→ Unworkably utopian
→ Intellectually coherent but not compelling
→ Narrowly focused on one set of issues, failing to recognise that poverty, good governance, social inclusions, environment and growth are connected and cannot be addressed in silos. [87]

CRITIQUE

Acknowledging the difficulties of proposing a global grand strategy for some of the most complex issues facing human society and noting the abovementioned positive broadening of goals, it remains our view that the HLP report is not as transformational, ambitious or coherent as one might have hoped.

The first of three principle criticisms is that the HLP report remains superficial in its analysis of the interconnected global challenges and fails to adequately promote cross-sectoral solutions. This is the case generally and in particular with respect to health. The HLP report identifies many of the post-2015 challenges in saying "the (world) will be more urban, middle class, older, more connected, more interdependent, more vulnerable and more resource constrained." [88] However, the report's discussion of these issues is extremely cursory in comparison to the UN Task Team report or the UN-led thematic consultations discussed above. Notably, the HLP says little about the changing global geo-politics including the growing importance of the emerging economies and South-South cooperation. Although the HLP states that today's global challenges are interconnected, this is poorly reflected in the HLP's framework. The links between the HLP's 12 goals are insufficiently emphasised and this risks creating vertical goals and fragmented approaches to development, which is a commonly recognised weakness of

the MDGs. This concern is reinforced by the HLP's recommendation to establish sector-based global partnerships without mentioning cross-sectoral cooperation,

"The Panel suggests that the concept of goal- or sector-specific global partnerships be a central part of the new development agenda. These should aspire to a high standard of transparency, evaluation and monitoring, and involve business, civil society, philanthropic organisations, international organisations and governments." [89]

The criticism above also applies to the HLP's discussion of health. As previously stated, it is positive that health is placed under an overarching goal such as "ensuring healthy lives". It is also reassuring that the HLP acknowledges that health is determined by social, environmental and environmental factors, and that universal access to healthcare is necessary to achieve the desired health outcomes.

"We must make steady progress in ensuring Universal Health Coverage and access to quality essential health services. That means reaching more people, broadening the range of integrated, essential services available to every person, and ensuring that services are affordable for all. Countries at

87 HLP report, p.14
88 HLP report, p.3
89 HLP report, p.23

all income levels have to work to reach this ideal… *Health outcomes are often determined by social, economic and environmental factors. Discrimination can create barriers to health services for vulnerable groups and lack of protection leaves many individuals and families exposed to sudden illness and the catastrophic financial effects this can bring.*"[90]

Unfortunately, the suggested indicators under the health goal poorly reflect the changing global burden of disease. Four of the five indicators (4a-4d) pertain to child and maternal health. The fifth indicator (4e) relates mainly to communicable diseases with a point about non-communicable diseases (NCDs) added on the end.

Figure 12: Illustrative Health Goal and Targets for the Post-2015 Development Framework
Source: Report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda, Annex I.

The health MDGs that have not be achieved still need to be prioritised but the post-2015 development agenda cannot end there; it must also expand to include new global challenges such as NCDs, including mental illness, and multi-drug resistant bacteria. The HLP's very short discussion of NCDs only associates them with high-income countries and wrongly implies that they arise because of longer life-expectancies.

> *"In high-income countries, rising health costs are a major threat to fiscal stability and long-term growth. Obesity is a growing problem. When people live longer, they face increased rates of cancer, heart disease, arthritis, diabetes and other chronic illnesses. On average, people lose 10 years of their lives to illness, mostly to non-communicable diseases. These should be addressed, but the priorities will vary by country."* [91]

The HLP's implicit strategy to address health problems is heavily biomedical, which is not in keeping with the Rio Political Declaration on the Social Determinants of Health, the UN High-Level Meeting on the Prevention and Control of NCDs, and the UN resolution on Global Health and Foreign Policy. There is only a brief mention that progress in other parts of the post-2015 development agenda, such as cleaner air and more nutritious food, can contribute to better health outcomes. There is also no discussion of the commercial determinants of health, which is a critical issue for NCDs and access to medicines. This is regrettably consistent with the overall tone of the HLP report which is highly technocratic, eschews a discussion of political issues and is uncritically pro-market.

The second of our three main criticisms is that the report poorly articulates the principles for reshaping a global partnership for development or how to build and sustain a broad

political consensus, as requested in the HLP's terms of reference. The HLP states that a global partnership is the most important of the five "big transformational shifts" and lists some of the well-known shortcomings of the previous global partnership for development (MDG8), including the unaffordability of certain essential medicines and the collapse of the Doha Development Round. However, the HLP does not analyse the issues contributing to the limited progress of MDG8, which would have provided an opportunity to highlight lessons-learned and recommend a new approach going forward. In place of rigorous analysis and argument, the HLP simply asserts a list of new principles, which are unimaginative.

The most important changes to MDG8
that we recommend are to:
→ *Develop targets that are universal*
→ *Quantify targets, wherever feasible*
→ *Pay more attention to raising stable, long-term finance for development*
→ *Signal priorities in areas that go beyond aid, so these can be monitored*
→ *Infuse global partnerships and cooperation into all the goals. [92]*

The HLP essentially repeats the same agenda for the global partnership for development but does not outline a meaningful or precise strategy to ensure it is achieved where MDG8 has failed. No mention is made of partnerships to ensure global public goods.

"The Panel believes that the international community must come together and agree on ways to create a more open, fairer global trading system… Reforms in the international financial architecture are needed to ensure stability of the global financial system and allow it to contribute to real economic growth. The international agreement to hold the increase in global average temperatures below two degrees Celsius above pre-industrial levels must be kept."[93]

Thus, the HLP's recommended approach amounts to simply encouraging everyone to work harder, be more cooperative and show more commitment.

"A transparent and inclusive process will help build the conditions for political agreement, but it alone is insufficient. The courage and personal commitment of political leaders will be needed to reconcile a myriad of national views, and to embrace useful insights from others. We must develop trust through dialogue, and learn lessons on reaching consensus from other multilateral processes. There will be difficult decisions to be made and not everyone will get everything they want. But global agreement is essential and we believe strongly that the global community and member states of the UN can and will rise to the occasion."[94]

Finally, although the report highlights the importance of accountability, the way in which it is framed in some parts of the report is somewhat narrow;

"Accountability must be exercised at the right level: governments to their own citizens, local governments to their communities, corporations to their stakeholders, civil society to the constituencies they represent. Accountability is central to the global partnership and, in line with that spirit, all parties should respect these lines of accountability and trust their partners to fulfil their commitments."[95]

In an interconnected world, the point should have been made more strongly that there are overlapping local, national and global responsibilities, as well as accountabilities of the business sector.

Our third main criticism of the HLP report is that its recommendations for the implementation, monitoring and evaluation of the post-2015 development agenda are uninspired. The HLP's three main recommendations on implementation can hardly be viewed as bold or novel. The emphasis on renewing a global partnership is critical but as discussed above the HLP provides little practical guidance on how to do this. The HLP's other recommendations to establish national development plans to encourage country ownership and sector-based global partnerships to encourage stakeholder engagement are already common development practices. The HLP suggestions for improving monitoring and evaluation by improving the quality and availability of statistics, consolidating UN reporting and encourage regional peer-reviews are sensible but are unlikely to have as profound an impact as the HLP implies.

92 HLP report, p.15
93 HLP report, p.15
94 HLP report, p.25
95 HLP report, p.23

In summary, the HLP report has not met our expectations. Most seriously, it lacks a bold vision and a coherent cross-sectoral approach to the post-2015 global challenges. The way in which the report eschews political issues related to the global partnership means that the HLP has not satisfactorily answered the second and third deliverables requested in the terms of reference; key principles for reshaping the global partnership for development and recommendations on how to build and sustain broad political consensus on an ambitious yet achievable post-2015 development agenda. The HLP's discussion of the significance of universal health coverage as well as the social, economic and environmental determinants of health is positive. However, the suggested indicators under the overarching health goal poorly reflect the changing global burden of disease. The suggested strategy to address these health challenges is also overly bio-medical. It will be important for health advocates to underline these concerns and call for a more integrated, analytically rigorous and politically-attuned post-2015 development framework.

Section Seven
How Health is Positioned in Deliberations on Sustainable Development Goals

THE RELEVANCE OF SUSTAINABILITY

Conserving the Earth's ecosystem on which human society depends is a precondition for economic and social development, including good health. Yet, growing evidence suggests that humanity is undermining the stable state of the Earth's ecosystem, which allowed human civilisation to begin developing ten thousand years ago. Specifically, human activities are pushing nine planetary boundaries associated with the planet's biophysical subsystems and processes:

1. climate change
2. rate of biodiversity loss
3. interference with the nitrogen and phosphorus cycles
4. stratospheric ozone depletion
5. ocean acidification
6. global freshwater use
7. change in land use
8. chemical pollution and,
9. atmospheric aerosol loading [96]

It is thought that the three of these nine planetary boundaries have been exceeded and two others are close to their safe limits.

There are presently a large number of global discussions concerning how the international community can halt dramatic environmental change. The negotiation of sustainable development goals is one such initiative.
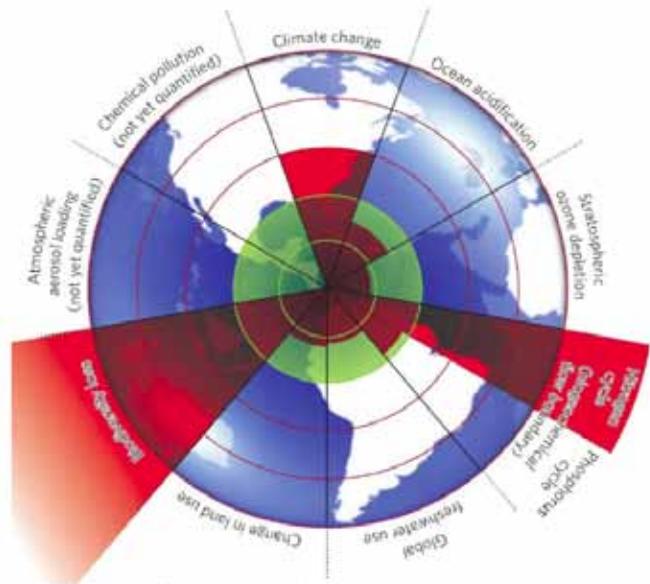
Figure 13: Earth's Planetary Boundaries
Source: Johan Rockstron et al. (2009),
          "A Safe Operating Space for Humanity,
          Nature, Vol 461

RIO+20 SUMMIT AND THE SUSTAINABLE DEVELOPMENT GOALS (SDGS)

In the absence of a final report from the UN-led sustainability thematic consultations at the time of writing and given the importance of the parallel negotiations on sustainable development goals, this section of the report focuses on these discussions and their bearing on health in the post-2015 development framework.

In June 2012, the United Nations Conference on Sustainable Development, held in Rio de Janeiro, Brazil, agreed to launch to establish a set of sustainable development goals that could be used to pursue focused and coherent action on sustainable development. The declaration or outcome document of this Rio+20 summit, entitled The Future We Want, is wide-ranging; it defines sustainable development, discusses links between the environment and numerous aspects of human society including health, as well as outlines principles, processes and a timetable for establishing sustainable development goals.

As outlined in The Future We Want, sustainable development is defined as having an economic, social and environmental dimension. The overarching objectives of sustainable development are to eradicate poverty and promote sustainable patterns of consumption and production while simultaneously protecting and managing the natural resource base of economic and social development. Sustainable development will be implemented by:

→ Promoting sustained, inclusive and equitable economic growth
→ Creating greater opportunities for all
→ Reducing inequalities
→ Raising basic living standards
→ Fostering equitable social development
→ Promoting integrated and sustainable management of natural resources and the ecosystem. [97]

In order to promote sustainable development, the Rio+20 summit agreed to establish an "inclusive and transparent intergovernmental process open to all stakeholders, with a view to developing global sustainable development goals to be agreed by the General Assembly". [98] In January 2013, an open working group of thirty representatives nominated by Member States was formed with the task of coordinating this process and submitting a report containing proposal for sustainable development goals to the 68th session of UNGA in September 2013.

In the Rio+20 declaration, member States also agreed that the sustainable development goals must:

→ Comply with Agenda 21 of the 1992 UN Conference on Environment and Development and the Johannesburg Plan of Implementation of the 2002 World Summit on Sustainable Development
→ Fully respect the Rio Principles including common but differentiated responsibilities
→ Comply with international law
→ Build upon commitments already made
→ Contribute to the full implementation of the outcomes of all major summits in the economic, social and environmental fields
→ Focus on priority areas for the achievement of sustainable development, being guided by the outcome document
→ Address and incorporate in a balanced way all three dimensions of sustainable development and their inter-linkages
→ Cohere with and integrate into the United Nations development agenda beyond 2015
→ Maintain focus and effort on the achievement of the Millennium Development Goals
→ Include active involvement of all relevant stakeholders, as appropriate, in the process. [99]

It was further agreed that the sustainable development goals must be:

→ Action-oriented
→ Concise
→ Easy to communicate
→ Limited in number
→ Aspirational
→ Global in nature
→ Universally applicable to all countries while taking into account different national realities, capacities and levels of development and respecting national policies and priorities. [100]

As indicated by the above objectives and principles, there is potentially considerable overlap between the sustainable development goals and the thematic consultations. Both processes are attempting to frame the development agenda that will replace the MDGs in 2015 and are working to similar

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97 UNGA (2012) The Future We Want, A/RES/66/288, para.4
98 Ibid., para.248
99 Ibid., para.246
100 Ibid., para.247

timetables. At the 68th session of UNGA in September 2013, Member States will consider among many documents the reports of the High-Level Panel of Eminent Persons and the Open Working Group representing the thematic consultations and sustainable development discussions respectively. One important distinction is that the sustainable development goals process is driven by member states whereas the thematic consultations are led by the UN. Given limited time, scarce resources and rapid developments, stakeholders will need to engage strategically to influence outcomes.

HEALTH IN THE RIO+20 OUTCOME DOCUMENT – "THE FUTURE WE WANT"

Health is exceptionally prominent in the Rio+20 outcome document, The Future We Want, which bodes well for positioning health centrally in the sustainable development goals and in turn influencing the post-2015 development framework. This is particularly notable given health was much less visible in an earlier draft of the document. Importantly, health is addressed comprehensively with special attention given to the social (and environmental) determinants of health, universal health coverage and emerging health challenges such as NCDs and mental health.

Notably, the declaration recognises health as a precondition, outcome and indicator of the economic, social and environmental dimensions of sustainable development. It also reaffirms the right to the highest attainable standard of physical and mental health. [101] Communicable and non-communicable diseases are addressed with NCDs described as "one of the major challenges of sustainable development in this century." The proposed solutions are framed in terms strengthening health systems to provide treatment and improving prevention through coordinated multi-sectoral action. Strengthening health systems is to be achieved by among other means, stronger collaboration and cooperation at national and international levels. Here, the leadership role of the WHO is fully acknowledged. Finally, the impact of trade and intellectual property rights on health are raised, as is the importance of gender equality including the provision of universal access to sexual and reproductive health.

101 UNGA (2012) The Future We Want, A/RES/66/288, para.138

HEALTH IN RIO+20 OUTCOME DOCUMENT – THE FUTURE WE WANT
HEALTH AND POPULATION

138. We recognize that health is a precondition for, an outcome of, and an indicator of all three dimensions of sustainable development. We understand the goals of sustainable development can only be achieved in the absence of a high prevalence of debilitating communicable and non-communicable diseases, and where populations can reach a state of physical, mental and social well-being. We are convinced that action on the social and environmental determinants of health, both for the poor and the vulnerable and the entire population, is important to create inclusive, equitable, economically productive and healthy societies. We call for the full realization of the right to the enjoyment of the highest attainable standard of physical and mental health.

139. We also recognize the importance of universal health coverage to enhancing health, social cohesion and sustainable human and economic development. We pledge to strengthen health systems towards the provision of equitable universal coverage. We call for the involvement of all relevant actors for coordinated multi-sectoral action to address urgently the health needs of the world's population.

140. We emphasize that HIV and AIDS, malaria, tuberculosis, influenza, polio and other communicable diseases remain serious global concerns, and we commit to redoubling efforts to achieve universal access to HIV prevention, treatment, care and support, and to eliminate mother to child transmission of HIV as well as to renewing and strengthening the fight against malaria, tuberculosis, and neglected tropical diseases.

141. We acknowledge that the global burden and threat of non-communicable diseases (NCDs) constitutes one of the major challenges for sustainable development in the twenty first century. We commit to strengthen health systems toward the provision of equitable, universal coverage and promote affordable access to prevention, treatment, care and support related to NCDs, especially cancers, cardiovascular diseases, chronic respiratory diseases and diabetes. We also commit to establish or strengthen multi-sectoral national policies for the prevention and control of non-communicable diseases. We recognize that reducing inter-alia air, water and chemical pollution leads to positive effects on health.

142. We reaffirm the right to use, to the full, the provisions contained in the agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), the Doha Declaration on the Agreement on Trade-Related Aspects of Intellectual Property Rights and Public Health, the decision of the World Trade Organization General Council of 30th August 2003 on the implementation of paragraph 6 of the Doha Declaration on the TRIPS agreement and public health, and, when formal acceptance procedures are completed, the amendment to article 31 of the agreement, which provides flexibilities for the protection of public health, and, in particular, to promote access to medicines for all, and encourage the provision of assistance to developing countries in this regard.

143. We call for further collaboration and cooperation at national and international levels to strengthen health systems through increased health financing, recruitment, development, training and retention of the health work force, improved distribution and access to safe, affordable, effective and quality medicines, vaccines and medical technologies, and through improving health infrastructure. We support the leadership role of the World Health Organization as the directing and coordinating authority on international health work.

144. We commit to systematically consider population trends and projections in our national, rural and urban development strategies and policies. Through forward-looking planning, we can seize the opportunities and address the challenges associated with demographic change including migration.

145. We call for the full and effective implementation of the Beijing Platform for Action, the International Conference on Population and Development (ICPD) Programme of Action and the outcomes of their review conferences including the commitments leading to sexual and reproductive health and the promotion and protection of all human rights in this context. We emphasize the need for the provision of universal access to reproductive health, including family planning and sexual health and the integration of reproductive health in national strategies and programmes.

146. We commit to reduce maternal and child mortality, and to improve the health of women, men, youth and children. We reaffirm our commitment to gender equality and to protect the rights of women, men and youth to have control over and decide freely and responsibly on matters related to their sexuality, including access to sexual and reproductive health, free from coercion, discrimination and violence. We will work actively to ensure that health systems provide the necessary information and health services addressing the sexual and reproductive health of women, including working towards universal access to safe, effective, affordable and acceptable modern methods of family planning, as this is essential for women's health and advancing gender equality

Combined, the nine paragraphs specifically dedicated to health provide a substantial and comprehensive framework for a healthy and sustainable future that is consistent with the health thematic consultations final report and other key documents such as the report of the Commission on the Social Determinants of Health and Rio Political Declaration on the Social Determinants of Health. In addition to this lengthy section of the declaration, health is discussed in relation to food security and nutrition, water and sanitation, energy, transport, occupational safety, chemicals and waste, and access to new technologies. As shown in Table 3 below, health is by far the most visible thematic area or cross-cutting issue in the declaration after the environment. Neglected diseases and health research are the most significant issues without an explicit mention but on balance, this is relatively minor given the prominence and well-rounded framing given to health. It is interesting to note that the thematic area consultations do not seem to have made much use of this declaration — otherwise health would

have needed to be much more visible in many of the reports submitted. It is also an interesting case study in how well organized negotiations can give health high visibility — even if this was not the case in the initial documents that were put to the conference. It will be important to learn from this experience for the next round of negotiations on the post-2015 framework and goals and the SDGs in order to gain a prominent place for health.

Two remaining points worth noting about The Future We Want are the emphasis given to social protection and the role of middle-income countries in the post-2015 development agenda. Firstly, the declaration calls for governments to provide universal social protection to foster growth, resilience, social justice and cohesion,

Thematic Areas and Cross-Cutting Issues	WordCount
Sustainable / Sustainability	381
Environment / Environmental	118
Poverty	65
Health	54
Water and Sanitation	38
Food Security / Food	33
Education	33
Urban / Urbanisation / City / Cities	31
Energy	29
Trade	28
Inequality / Inequalities / Equality	27
Agriculture / Agricultural	26
Gender	25
Growth	25
Disaster	20
Governance	13
Population	13
Conflict / Insecurity / Peace / Fragile / Violence	4

Table 3: Rio+20 outcome document's discussion of other thematic areas
Source: Authors' analysis

"We recognize that promoting universal access to social services can make an important contribution to consolidating and achieving development gains. Social protection systems that address and reduce inequality and social exclusion are essential for eradicating poverty and advancing the achievement of the Millennium Development Goals. In this regard, we strongly encourage initiatives aimed at enhancing social protection for all people." [102]

"We stress the need to provide social protection to all members of society, fostering growth, resilience, social justice and cohesion, including those who are not employed in the formal economy. In this regard, we strongly encourage national and local initiatives aimed at providing social protection floors for all citizens. We support global dialogue on best practices for social protection programmes that takes into account the three dimensions of sustainable development and, in this regard, we note the International Labour Organization Recommendation 202 concerning National Floors of Social Protection." [103]

These statements strongly support the case for universal health coverage and it will important to create opportunities where the link can be made more explicit in the future. In particular, collaboration with ILO should be strengthened. The ILO has prioritised shaping international norms on social protection floors yet its most recent Recommendation 202 adopted in June 2012 proposes "essential health care", which is arguably weaker

102   UNGA (2012) The Future We Want, A/RES/66/288, para.107
103   Ibid., para.156

than universal health coverage particularly on guaranteeing affordability. [104]

Secondly, the Rio+20 outcome document places important emphasis on the role of middle-income countries in the post-2015 development agenda, which is in line with our increasingly complex and multi-polar world. The Future We Want discusses this issue in terms of the impressive efforts of middle-income countries to lift large parts of their population out of poverty and their ability to potentially assist other developing countries.

"We recognize the progress made by middle-income countries in improving the well-being of their people, as well as the specific development challenges they face in their efforts to eradicate poverty, reduce inequalities, and achieve their development goals, including the MDGs, and to achieve sustainable development in a comprehensive manner integrating the economic, social and environmental dimensions. We reiterate that these efforts should be adequately supported by the international community, through various forms, taking into account the needs and the capacity to mobilize domestic resources of these countries." [105]

"We note that the aid architecture has significantly changed in the current decade. New aid providers and novel partnership approaches, which utilize new modalities of cooperation, have contributed to increasing the flow of resources… We reiterate our support for South-South cooperation, as well as triangular cooperation, which provides much needed additional resources to the implementation of development programmes. We recognize the importance and different history and particularities of South-South cooperation and stress that South-South cooperation should be seen as an expression of solidarity and cooperation between

countries, based on their shared experiences and objectives. Both forms of cooperation support a development agenda that addresses the particular needs and expectations of developing countries. We also recognize that South-South cooperation complements rather than substitutes for North-South cooperation. We acknowledge the role played by middle-income developing countries as providers and recipients of development cooperation." [106]

The declaration also argues for reforming international governance to give greater voice to developing countries,

"We reaffirm the importance of broadening and strengthening the participation of developing countries in international economic decision-making and norm-setting, and in this regard, take note of recent important decisions on reform of the governance structures, quotas and voting rights of the Bretton Woods institutions, better reflecting current realities and enhancing the voice and participation of developing countries, and reiterates the importance of the reform of the governance of those institutions in order to deliver more effective, credible, accountable and legitimate institutions."

In summary, the Rio+20 outcome document gives exceptional prominence to health, which is positive for positioning health centrally in the sustainable development goals and in turn influencing the post-2015 development framework. The declaration is also strong on social protection and more astute to the changing global political-economy than many of the thematic consultation papers. It will be important to remain abreast of and engaged with the subsequent deliberations of the Open Working Group in order to influence the proposals for sustainable development goals.

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104 Paragraph five states, "The social protection floors referred to in paragraph four should comprise at least the following basic social security guarantees: a) access to a nationally defined set of goods and services, constituting essential health care, including maternity care, that meets the criteria of availability, accessibility, acceptability and quality…" Paragraph eight states, "When defining the basic social security guarantees, Members should give due consideration to the following: a) persons in need of health care should not face hardship and an increased risk of poverty due to financial consequences of accessing essential health care. Free prenatal and postnatal medical care for the most vulnerable should also be considered…"

105 UNGA (2012) The Future We Want, A/RES/66/288, para.37

106 Ibid., para.260

OPEN WORKING GROUP ON SUSTAINABLE DEVELOPMENT GOALS

In January 2013, an open working group (OWG) of thirty representatives nominated by Member States was formed with the task of coordinating this process and submitting a report containing proposal for sustainable development goals to the 68th session of UNGA in September 2013. The Rio+20 outcome document states that, at the outset, the OWG will decide on its methods of work, including developing modalities to ensure the full involvement of relevant stakeholders and expertise from civil society, the scientific community and the United Nations system in its work.

Prior to the September UN discussions, four OWG sessions were held. The first session held on 14-15 March 2013 was dedicated to general discussion and presentations by Member States and groups of NGOs. The second session on 17-19 Aril 2013 focused on the issues of poverty eradication and financing of the post-2015 development framework. The third session on 22-24 May 2013 concentrated on food security and nutrition, sustainable agriculture, desertification, land degradation and drought. The fourth session on 17-19 June 2013 focused on health and population dynamics. In late 2013 and early 2014, there are another ten OWG sessions scheduled to assist formulate and refine the SDGs.

It is critical that health advocates are well-prepared and active in the SDG debate. Health needs to be presented not as a sectoral, functional and technical area but as an overarching fundamental global goal which is a cornerstone of sustainable development in the 21st century. Health advocates should also present health as conceptually fundamental in both a normative and a strategic sense to any future post-2015 framework that might emerge. Its deep relations to human rights, equity and governance need to be highlighted – health has much to contribute to these debates on principles and values, it needs to be involved. This includes the discussions on global public goods. Finally, it is essential to build bridges to key areas of action that are critical determinants of health, in particular education, food, water and energy.

OTHER COMMENTARY ON THE SUSTAINABLE DEVELOPMENT GOALS

As already indicated above we argue that health would be well served by its own goal as well as being recognised as interconnected with all of the other thematic issues. This needs to be debated in the range of meetings, events and processes in the SDG debate. The most forward looking SDG debate has highlighted that we cannot separate the wellbeing of people and that of the planet, we cannot separate the poverty eradication debate from the planetary overflow. Health exemplifies much of this interconnectedness and it should have a strong voice in this debate. A recent paper has proposed a new definition of sustainable development: "development that meets the needs of the present while safeguarding Earth's life-support system, on which the welfare of current and future generations depends". (GRIGGS et al 2013) they propose 6 goals as illustrated below.

Goal 1 reads:

Goal 1: Thriving lives and livelihoods. End poverty and improve well-being through access to education, employment and information, better health and housing, and reduced inequality while moving towards sustainable consumption and production.

Figure 14: **Sustainable development goals for people and planet**
Source: David Griggs et al. (2013), "Sustainable development goals for people and planet", Nature, Vol 495

According to Griggs et al, health is part of goal one. However, this only touches on one of the development dimensions of health. Health is also referenced in relation to "healthy and productive ecosystems". If this kind of model was adopted – it would be advisable to more clearly indicate health is a component of goal one (Thriving healthy lives and livelihoods) or develop a standalone category and goal which would recognize health as a major factor within the sustainability equation.

SUSTAINABLE DEVELOPMENT SOLUTIONS NETWORK REPORT

Another recent report with a similarly holistic approach to development and environmental sustainability is the Action Agenda for Sustainable Development by the Sustainable Development Solutions Network (SDSN). This publication prepared for the UN Secretary General contains a similar list of goals to the High-Level Panel of Eminent Persons. However, the SDSN report is far clearer on promoting cross-sectoral cooperation. The report is also relatively strong on addressing the priorities of the health sector and its recommendations are largely consistent with UN-led thematic consultation on health.

It Begins and Ends with Governance: Addressing Health As One World Challenge by Identifying the Global Public Goods Needed to Ensure It

1.There is a convergence in the reports that there is an urgent need to transform governance and institutions at all levels to address the challenges ahead.

The MDGS had as their 8th goal "partnerships" — at that time it meant the sharing of burden and responsibility between the developed and the developing countries. These lines can no longer be drawn with such clarity — throughout the post-2015 debate there is a clear message that goals should be universal. In our view, this is best achieved by taking a global public goods approach. There has been strong critique that goal 8 has failed — this consequently led to the establishment of a thematic group on "Governance" — based on the realization that justice, rule of law and institutions matter for development. For health, the post-2015 process must provide entry points to better clarify the challenges in global health governance (in particular the cooperation between the many health organizations) and in the governance for global health (how other goals contribute to improving health and wellbeing). Partnerships as framed in the HLP report means that the post-2015 debate must start, not end with governance. This is not just a technical issue — it involves major power shifts in the global arena and a possible reshaping of the UN institutions. The term "partnerships" must not be applied to avoid discussing the need for a global rules based system.

2. There is a strong call throughout the post-2015 development agenda reports that accountability must move centre stage

The post-2015 process is sending the message that in a global world we now have both national and global interests. Partnerships to solve common problems feature as the strong and central message of the report of the HLP: "perhaps the most important transformative shift is towards a new spirit of solidarity, cooperation and mutual accountability". Indeed this last point is reiterated again: "everyone involved must be fully accountable". But the post-2015 process must become more concrete: no longer can one part of the world write the roadmap of global governance and development. Development is a political process and we must agree to govern the global system in the making more fairly and inclusively. In the context of accountability, new issues such as the illicit financial flows and hidden ownership of assets are referenced. There is also recognition of the challenge to 'manage the world's production and consumption patterns in more sustainable and equitable ways. This new concept of global citizenship must include accountability for environmental, social and health impact of transnational corporations; business interests frequently counteract other global agendas (including health) and the means to respond to the pressures by these transnational actors is still hampered by a lack of global rules.

3. There is recognition in the reports that we need to build a new multilateralism

The HLP calls for new ways of working together and sees each priority area of the post-2015 agenda supported by dynamic partnerships of many different kinds of actors. This broad involvement is a key challenge for how a global networked system should be governed — it is also a central challenge in the health arena. Post-2015 will require a systematic strengthening of a new multilateralism at a difficult point in history, when tectonic geopolitical shifts could come about.   Just as the UN system was "created" so will the new governance be shaped by political will, foresight and courage — and the 88% of the world's population in emerging economies and developing countries will insist on having their say. The post-2015 agenda must support a bolder reform than indicated in most of the documents and strengthen global institutions in order to ensure that they can deal reliably and legitimately with the challenges ahead. We must not think only of post-2015 but also pre-2030! This will also define the role of the private sector and of global civil society in new ways.

4. The health message needs to be strengthened and more forward looking: think 2030 not only post-2015

We can see from the review of the thematic reports that there is a convergence of a set of key principles that form a global health ethics. A wide range of priority health challenges are mentioned: HIV/AIDS, maternal health and non-communicable diseases to name but a few. But more importantly health is considered a human right (including sexual and reproductive rights and freedom from gender-based violence) and the global equity gap in health is framed as a major issue of social justice, as is universal access to water and food. Heath advocates with a SDOH agenda in mind are provided with a good basis to motivate

governments and institutions as well as global companies to respond to this narrative of rights and justice. Post-2015 is well articulated in continuing the MDG agenda but the pre-2030 health agenda is weak.

The various reports lack reference to health challenges which could put into question everything that has been achieved: for example health security such as the recent outbreaks of H7N9 and MERV-NCoV; the global spread of non-communicable diseases, the threat of anti-microbial resistance and unacceptable and unsafe working conditions as in the textile factories and mining industries of the developing world. Some of these will require a global public goods for health approach. Many will require some form of global regulation - these points do not get much traction in the reports. The interrelationship between the determinants of health which are integral to sustainable development and goals for health is also still not prominent enough. More clarity is required as to which types of health goals gain by being part of the post 2015 agenda and which can be adequately resolved through the existing health governance mechanisms at the global level.

5. The financing of the post-2015 agenda not just through governments but with the contribution of other global actors still needs clarification – it must move beyond charity and philanthropy

Not enough is said on financing in the thematic papers, the HLP also remains vague. In our view the financing of global challenges and global public goods must be related to the size of the gross world product (GWP) – the combined gross national product of all the countries in the world – which in 2012 totaled approximately US\$83.12 trillion. The stability and the rule of law supported through a strong multilateral system benefits global markets, therefore they should contribute in new and reliable ways also financially to the funding of the global system. The global health market alone is at a volume of USD6.5 trillion. The budgets of UN organizations pale in comparison, for example WHO's budget is 2 billion a year. The financing of global efforts such as the work of the GFATM must be ensured in new and sustainable ways based on a global public goods for health approach.

In Summary:

In our view the priority focus of Post-2015 or pre-2030 needs to be on the global public goods we ALL require in relation to health, climate, population food, water, energy, conflict -– these are the building blocks for our future. The SDOH agenda can help move this forward in ALL thematic areas of the post-2015 framework. It will also need to show even more clearly how health contributes to overall development. It will not be sufficient to string a set of priority health challenges together - we must have the courage to embrace a broader notion of governance for health and sustainable development. No matter how important some health issues might be, global health is dependent on a wide range of determinants and many other priority issues – for example education, water, food, energy, and environment – which will impact on any heath goals we might consider or even counteract successes we might have achieved. Production and consumption patterns – the commercial determinants of health – and the role of transnational companies will need to receive much more focus. People and planet are as inextricably linked as are poverty reduction and the protection of "earth's life support". The health thematic paper has expressed this clearly in the vision: health people – healthy planet. This is the direction in which the SDOH health advocacy for post-2015 and pre-2030 must be active.

Appendices

A. METHODOLOGY

This report's findings are based on an extensive literature review, a qualitative analysis of the eleven UN-led thematic consultations and a debate on health in the post-2015 development agenda held at the Graduate Institute of International and Development Studies on Thursday 2 May 2013. In order to make comparisons, we focused our attention on the final report produced by each thematic area and where necessary supplemented this with a reading of other relevant documents such as concept notes and background papers. All of this material was taken from the thematic consultations website – www.worldwewant2015.org. In the case of education, energy and food security, which had concluded their consultations but not released a final report at the time of writing, we analysed alternative documents. For education, we focused on the UN think piece on education and the draft executive summary of the final thematic report. For energy, we concentrated on a background paper and a summary of the consultation meetings. Finally for food security, we focused on an issues paper on prepared for a consultation with stakeholders. In the special case of sustainability, we focused on the Rio+20 outcome document because of the importance of the parallel process to define sustainable development goals and the fact that the sustainability thematic area was still carrying out consultations at the time of writing. A full list of the documents reviewed is provided in Appendix B.

The first part of our approach was to analyse what the respective thematic areas proposed for the post-2015 development agenda and in particular, the lessons learned from the MDGs and emerging trends and challenges for the global community. Our findings are contained in section two of this report. The second part of our approach was to look at how each thematic area addressed health. Did the thematic area view health as important or an interconnected issue? How was health framed: as an input, outcome or indicator? Did the thematic area consider itself a social determinant of health? What could be said about the explicit, implicit and missing links with health? In addition to analysing the content and logic of each thematic paper to answer these questions, we also prepared statistics on the relative prevalence of health keywords. This quantitative data was used to substantiate our qualitative findings and prepare graphical representations of the cross-linkages between the thematic areas and how health was framed. These findings are detailed in sections three and four of the report. The third part of our approach was to draw together our analysis and discuss critically the most important issues for positioning health prominently in the post-2015 development framework. This discussion is contained in section five of the report.

B. LIST OF THEMATIC REPORTS AND OTHER RELEVANT LITERATURE FOR FURTHER READING

UN-Led Thematic Consultations
→ Health Thematic Paper
→ Conflict and Fragility Thematic Paper
→ Education Draft Executive Summary of Thematic Paper
→ Economic Growth and Employment
→ Energy Summary of Thematic Consultations
→ Food Security and Nutrition Issues Paper
→ Governance Thematic Paper
→ Population Dynamics Thematic Paper
→ Water Thematic Report

High-Level Panel of Eminent Persons
→ Report of High-Level Panel on Post-2015 Development Agenda

Rio+20 and Sustainable Development Goals
→ Rio+20 Outcome Document - The Future We Want, A/RES/66/288
→ General Sustainable Development Goals Documentation
→ Open Working Group on Sustainable Development Goals Documentation

Sustainable Development Solutions Network
→ Action Agenda for Sustainable Development

Other Relevant Literature
→ WHO (2013) WHA Resolution: Health in the Post-2015 Development Agenda - A66-47, Geneva
→ WHO (2012) Rio Political Declaration on Social Determinants of Health
→ WHO (2012) Discussion Paper: Positioning Heath in the Post-2015 Development Agenda, Geneva
→ WHO (2012) World Conference Report on Social Determinants of Health, Geneva
→ WHO (2010) A Conceptual Framework for Action on the Social Determinants of Health, Geneva
→ WHO (2008) Commission on Social Determinants of Health Final Report: Closing the Gap in a Generation, Geneva
→ UN (2012) Joint Statement of the UN Platform on Social Determinants of Health
→ UNGA (2012) Resolution on Health and Global Diplomacy
→ UNGA (2011) Political Declaration of the UN High-Level Meeting on the Prevention and Control of NCDs

C. DESCRIPTIVE STATISTICS ON THE FRAMING OF HEALTH IN THEMATIC REPORTS

Category	Health-Related Keyword	Health	Conflict & Fragility	Education	Energy	Food Security	Governance	Growth & Employment	Inequalities	Population	Sustainability	Water & Sanitation
General Health Terms	Health / Healthy	1626	5	3	16	22	0	0	259	101	53	60
	Healthcare / Health care	39	1	0	2	0	0	0	8	21	3	1
	Life expectancy	16	0	0	0	0	0	0	8	2	0	0
	Pollution	9	0	0	0	0	1	0	6	3	5	35
	Diet	5	0	0	0	14	0	0	0	0	0	2
	Malnurition / Malnourishment / Hunger	11	3	1	0	82	2	0	5	0	8	4
	Sanitation / Hygiene	28	3	0	0	8	0	0	35	6	11	184
	Well-being / Wellbeing / Well being	66	2	0	0	3	0	0	24	8	8	8
	Health system / Health care system	74	2	0	2	1	0	0	3	5	4	0
	Doctor / Nurse / Health Worker	7	0	0	1	1	0	0	6	0	0	0
	Medicine / Pharmaceutical	20	0	0	0	0	0	0	5	0	2	0
	Total	1901	16	4	21	131	3	0	359	146	94	294
MDG 4&5	Maternal health	4	4	0	0	0	0	0	4	8	1	1
	Contraception / Condom	5	0	0	0	0	0	0	6	3	0	0
	Reproduction / Reproductive health	75	1	0	0	0	0	0	58	37	6	0
	Child health	11	0	0	0	1	0	0	1	2	1	0
	Total	95	5	0	0	1	0	0	69	50	8	1
NCDs	NCD / Non-communicable disease	74	0	0	0	1	0	0	2	4	4	0
	Respiratory Disease	2	0	0	0	0	0	0	0	0	1	0
	Diabetes	8	0	0	0	0	0	0	1	0	1	0
	Heart disease / Cardiovascular disease	0	0	0	0	0	0	0	1	0	1	0
	Cancer	5	0	0	0	0	0	0	0	1	1	0
	Mental Illness / Mental Health	16	0	0	0	0	0	0	6	2	1	0
	Smoking / Tobacco / Cigarette	14	0	0	0	0	0	0	0	0	0	0
	Drinking / Alcohol	17	0	0	0	0	0	0	7	0	0	0
	Obesity / Overweight	9	0	0	0	7	0	0	0	0	0	0
	Total	145	0	0	0	8	0	0	17	7	9	0

Category	Health-Related Keyword	Health	Conflict & Fragility	Education	Energy	Food Security	Governance	Growth & Employment	Inequalities	Population	Sustainability	Water & Sanitation
Infectious disease	Neglected disease	2	0	0	0	0	0	0	0	0	0	0
	Infectious disease / Communicable disease	13	0	0	0	0	0	0	3	1	0	0
	Vaccine / Vaccination / Immunisation	19	0	0	0	0	0	0	2	1	1	1
	Epidemic	4	0	0	0	0	0	0	4	0	1	0
	Malaria	31	0	0	0	0	0	0	3	1	2	0
	HIV / AIDS	127	0	1	0	0	0	0	83	9	3	0
	Tuberculosis / TB	44	0	0	0	0	0	0	0	0	2	0
	Total	**240**	**0**	**1**	**0**	**0**	**0**	**0**	**95**	**12**	**9**	**1**
Stakeholders	WHO	32	0	1	0	9	0	0	0	0	1	9
	UNAIDS	9	0	1	0	0	0	0	7	1	0	0
	UNICEF	12	0	1	0	2	0	0	62	0	0	24
	GAVI	5	0	0	0	0	0	0	0	0	0	0
	Global Fund	4	0	0	0	0	0	0	0	0	0	0
	Bill and Melinda Gates	2	0	0	0	0	0	0	0	0	0	0
	Total	**64**	**0**	**3**	**0**	**11**	**0**	**0**	**69**	**1**	**1**	**33**
Specific	Universal Health Coverage	66	0	0	0	0	0	0	0	0	1	0
	Social Determinants of Health	12	0	0	0	0	0	0	2	0	1	0
	Total	**78**	**0**	**0**	**0**	**0**	**0**	**0**	**2**	**0**	**2**	**0**

D. DATA ON CROSS-REFERENCING OF ISSUES BETWEEN THEMATIC REPORTS

Keywords	in	Thematic Paper	Absolute Word Count	Total Words in Thematic Paper	Relative Word Count (per 10,000 words)	Rank
Health/y	>>>>	Population Growth	101	17000	59	1
Health/y	>>>>	Inequalities	259	74200	35	2
Health/y	>>>>	Sustainabilty	54	25200	21	3
Health/y	>>>>	Water & Sanitation	60	33400	18	4
Health/y	>>>>	Food Security	22	17000	13	5
Health/y	>>>>	Conflict, Fragility & Disasters	5	5400	9	6
Health/y	>>>>	Economic Growth & Employment	15	18300	8	7
Health/y	>>>>	Energy	16	19900	8	7
Health/y	>>>>	Education	3	4800	6	9
Health/y	>>>>	Governance	0	9500	0	10

Keywords	in	Thematic Paper	Absolute Word Count	Total Words in Thematic Paper	Relative Word Count (per 10,000 words)	Rank
Sustainable/ility	>>>>	Health	118	40400	29	1
Water & Sanitation	>>>>	Health	63	40400	16	2
Food / Nutrition	>>>>	Health	68	40400	17	3
Education	>>>>	Health	56	40400	14	4
In/equality/ies	>>>>	Health	41	40400	10	5
Governance	>>>>	Health	36	40400	9	6
Conflict, Fragility & Disasters	>>>>	Health	34	40400	8	7
Economic Growth & Employment	>>>>	Health	27	40400	7	8
Population Growth / Ageing	>>>>	Health	23	40400	6	9
Energy	>>>>	Health	10	40400	2	10

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