Health is both a driver and an outcome of sustainable development, and needs to be at the heart of the development framework that follows the Millennium Development Goals. The world is at a tipping point, with an end to preventable maternal and child deaths achievable in the next generation. For this opportunity to be seized, the post-2015 development agenda must both address business left unfinished by the MDGs, while also setting out a framework for convergence between mortality rates in developed and developing countries. This necessitates a framework that reduces inequalities between and within countries, and builds robust and equitable systems to achieve and sustain Universal Health Coverage. Such ambition must be matched with commensurate political and financial resources.

Health as an objective and driver of sustainable development

The post-2015 agenda presents a major opportunity to improve global health and to reassert the centrality of health as an objective and driver of sustainable development. Health is a human right, a matter of social justice, and a global public good. Better and more equitable health outcomes increase productivity and resilience, reduce poverty and promote social stability. As such, health is a platform for sustainable progress on other goals too. Given the importance of broader social and environmental determinants in affecting health outcomes, health is a measure of sustainable development across all sectors.

Learning lessons from the Millennium Development Goals

The Millennium Development Goals (MDGs) have been an important catalyst for political commitment, investment and impressive successes in health, affording significant priority to maternal and child health, which is both welcome and needed. Despite great progress, 6.9 million children under the age of five died in 2011 – 99% of them in developing countries, from mostly preventable causes. The next development framework must go beyond the MDGs, building on their strengths and overcoming their limitations:

- The MDGs do not consistently confront inequality. Aggregate targets and indicators mask disparities within countries. Moreover, in some countries, inequalities are widening.\(^1\) Conflict-affected and fragile states have also seen disproportionately slow progress on the health-related MDGs, with none expected to achieve a single MDG.
- The focus of the health goals on specific diseases and population groups creates artificial silos. This has encouraged vertical approaches that have fragmented health services by using independent planning, staffing, management and financial systems,\(^2\) with disproportionate investment in few diseases

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at the expense of national and local level prioritisation and strengthening the health system for integrated care.

- Adherence to aid effectiveness principles has been weak, with poor coordination and a lack of genuine and representative **country ownership**.
- There has been an insufficient focus on effective **accountability**: both mutual and independent accountability. Human rights mechanisms have largely been ignored, with inadequate efforts to empower citizens to hold governments to account. There remains no formal system for non-state actors to be held accountable, despite a growing interest in engaging the private sector. Poor data quality and disaggregation further undermine effective accountability.
- The MDGs failed to recognise the linkages between **social and environmental determinants** and human health outcomes. The poorest and most vulnerable continue to be at greatest risk from environmental hazards, are least able to access natural resources, and often lack access to basic sanitation, hygiene and safe water, all undermining their ability to sustain livelihoods and live healthy lives.

**The future health goal**

Building on the MDGs, the priority health agenda post-2015 must be more ambitious, integrated and comprehensive. To achieve this, we propose a framework of goals, all of which are needed to deliver improvements in health outcomes. However, in recognition of the priority of health as a cornerstone for human development we also propose a single, holistic health goal that incorporates the below objectives:

**Ending preventable child and maternal mortality**

The unfinished business of the MDGs requires increased resolve to bring an **end to preventable maternal and child mortality in all segments of society**. Targets should explicitly track reduction rates in the poorest two wealth quintiles and by other contextually appropriate equity measures, such as age, ethnicity and/or geographical area.

**Strengthening health systems for equitable and sustainable progress**

**Universal Health Coverage** (UHC) provides a framework for more integrated and sustainable progress by increasing intervention coverage and expanding financial risk protection. The WHO estimated that around 150 million people endure ensure catastrophic expenditure and 100 million are impoverished as a result of out-of-pocket payments for health care each year.\(^3\) Achieving UHC requires a strong public-led health system with investments across all six building blocks of the system, including a strengthened health workforce. It also requires countries to address the multiple barriers — financial, systemic, cultural or policy — to accessing and using quality services and practices. Growing commitment to UHC is reflected in the recent UN General Assembly resolution\(^4\) and the Special Rapporteur on the Right to Health’s report.\(^5\) Targets should include:

- Preventive, promotive, curative and rehabilitative **intervention coverage** of proxy indicators across the continuum of care and determined by evidence of the burden of disease and the level of disparities across segments of society
- **Health system strengthening**, across the pillars of the health system, such as health worker ratios.\(^6\) Appropriate proxies could be based on a transparent and participatory assessment of bottlenecks
- **Financial risk protection**, measured by out-of-pocket payments as a share of total health expenditure and rates of catastrophic expenditure and impoverishment disaggregated by household characteristics
- **Investment in health**, tracking total health expenditure by financing source, per capita and as a proportion of total government expenditure
- **Institutionalization of legal frameworks** on the right to health
- **Social and environmental health determinants**, tracking progress in addressing causes of ill-health, such as access to safe drinking water from sustainable sources and basic sanitation.

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\(^6\) This should look at all cadres of health workers, in particular frontline health workers.
Driving progressive realization of the right to health

Completing the job started by the MDGs will require action to tackle wide and often growing inequalities in access to health care and in health outcomes between and within countries. Those who remain without access to essential health care are consistently the poor and less educated, often living in rural and remote areas, for whom health care would bring great returns. Their predicament is shaped by economic, political and social conditions.

Addressing inequities must be a priority of the post-2015 agenda, with targets that drive progressive realization of the right to health. Closing the equity gap in health will necessitate a multi-sectoral endeavour to address the social determinants of health, combined with global action, such as affordable medicines for sustainable supply, and research and development agendas that respond to the needs of the poor. The health sector has the potential to serve as an ‘equaliser’, raising standards across the board, if designed appropriately and coupled with efforts to address demand-side barriers.

Targets should guide reductions in inequalities in addition to tracking national progress, for instance by tracking ratios between richest and poorest households. In order to measure this, indicators should be disaggregated by equity criteria – such as wealth, geography, sex, urban/rural, as well as more contextually informed criteria, for example ethnicity or caste, as appropriate to local disparities.

Global and local ownership

The post-2015 development framework should be globally agreed, locally relevant and mutually owned. Human rights principles such as universality, equality and inalienability must underpin the future goals and be visible in the targets.

As an enabling framework rather than an operational tool, the post-2015 framework should be more dynamic, involving fixed targets and flexible indicators, to be determined by a transparent, multi-stakeholder, participatory and evidence-based process at the country level.

Empowering countries means supporting the development of, and aligning behind, robust national plans, using inclusive multi-stakeholder processes such as the IHP+ Joint Assessment of National Strategies. No goal will be achieved without sufficient funding, and these plans should provide the basis for increased domestic and donor resource allocation to fill identified gaps. The principles of aid effectiveness remain pertinent and a step change in donor behaviour is needed to move towards a genuine partnership model in support of country ownership. Acknowledging the global shared responsibility to realise the right to health could benefit from a binding global framework, such as a Framework Convention for Global Health, with efforts to reconfigure the global aid architecture based on necessary functions and addressing the existing imbalance of power.

National plans provide a basis for effective mutual accountability between donors, countries and beneficiaries through a domestic platform. At the global level, an integrated framework and process for independent accountability could be convened, for instance merging the WHO independent Expert Review Group (iERG) and human rights mechanisms. Additional investment must build the capacities of local civil society to engage in such processes and represent poor and vulnerable communities effectively.

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7 Frenz, P., Vega, J. (2010) Universal health coverage with equity: what we know, don’t know and need to know, Background paper for the global symposium on health systems research, 16-19 November 2010.
8 For a more exhaustive list of indicative targets and potential indicators for this goal see: Save the Children (2012) Ending poverty in our generation: Save the Children’s vision for a post-2015 framework. London: Save the Children.
10 http://www.jalihealth.org/index.html
It’s time to keep our promise to women and children

We are on the brink of a tipping point where we can get to zero preventable maternal, newborn and child deaths in the coming decades. To achieve this and to sustain gains we must address inequalities and strengthen health systems, ensuring that all children and their families have access to essential quality preventive, promotive, curative and rehabilitative health services without financial hardship. A goal that identifies these twin targets of an end to preventable maternal and child mortality and UHC is a global goal that resonates for all countries and populations and requires shared solutions. This goal must exist within a broader framework that also addresses the underlying social and environmental determinants of ill-health. This is sustainable development.

Save the Children calls on the UN Secretary-General’s Post-2015 High Level Panel, SDG Open Working Group, the Sustainable Development Solutions Network, the UN Secretary-General, Member States, donors, international organisations, civil society and the private sector to call for and implement the following recommendations:

• Secure an integrated health goal within the post-2015 framework with the objective to:
  o End preventable maternal and child deaths, and
  o Make equitable progress towards UHC through strengthening health systems and expanding financial risk protection

• Drive reductions in inequalities through the goals, targets and indicators identified and invest sufficient resources to enable data to track progress on equity

• Establish a multi-stakeholder, participatory, transparent, evidence-based and country-led process – involving civil society – for translation of global goals into appropriate country targets and indicators as reflected in a strengthened national health plan

• Adhere to the principles of aid effectiveness and acknowledge the globally shared responsibility to deliver on the human right to health by increasing domestic and donor resource allocation to health and allocating it to identified gaps in strengthened, integrated and evidence based national health plans

• Invest to build civil society’s capacity to engage meaningfully in domestic and global mutual and independent accountability processes, combining existing human rights mechanisms and the follow-up to the recommendations of the Commission on Information and Accountability including the iERG

• Clarify and integrate the post-MDG and Sustainable Development Goal processes, making health a priority, while recognising the linkages with broader environmental and social determinants, and ensuring meaningful civil society participation throughout.