

Accessible & Affordable & Achievable Health in the Post-2015 Agenda

2014



Conference Documentation
 June 4th 2014, Berlin



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The new development agenda must be based on human rights. It must contribute towards ensuring that inequalities between states and within states are reduced, also with regard to access to health services.

Renate Bähr, Stiftung Weltbevölkerung (DSW)/Deputy Chair of the Board of VENRO

Our generation has a great responsibility. (...) Health is the basis for sustainable development. This is stated also in the Coalition Agreement of the German government.

State Secretary Dr. Friedrich Kitschelt, German Federal Ministry for Economic Cooperation and Development

The Start

On the 4th of June 2014, the international conference »Accessible & Affordable & Achievable – Health in the Post-2015 Agenda« took place in Berlin. The conference showed that there is broad consensus for a stand-alone health goal in the post-2015 agenda. The more than 140 conference participants, however, also pointed out the huge challenge in realising and financing the health goal and its sub-targets, and ensuring that health services can be made accessible for all people. A danger exists that the health goals will be less ambitious than those in the current Millennium Development Goals (MDGs), in particular in the areas of HIV/AIDS, sexual reproductive health and rights (SRHR), and with regard to human rights. Non-governmental organizations (NGOs) from the South and North, international academics and representatives from the German government and parliament highlighted that the health community must find a common, strong voice to develop and implement new, partnership-based, sustainable health strategies and financing models. All political decision makers emphasized on several occasions that their doors are open for further discussion in order to clarify priorities before the post-2015 inter-state negotiations commence at the end of 2014.

➔ Conference Programme

➔ List of Participants

Researcher Dr. Ruth Bell (UCL Institute of Health Equity, UK), Renate Bähr (Executive Director Stiftung Weltbevölkerung (DSW)/Deputy Chair of the Board of VENRO) and State Secretary Dr. Friedrich Kitschelt (German Federal Ministry for Economic Cooperation and Development, BMZ) held keynote speeches at the conference. Bell spoke from an academic perspective about how equity can be achieved in the area of health, and how this should be reflected in

the post-2015 agenda. She illustrated how equal rights for women or marginalised groups in the so-called social determinants of health, such as education, nutrition and income, lead to a better and more equitable health outcome. Monitoring and indicators are thus also required for these areas. Investing only in health will not lead to the desired improvements. What is needed in order to reduce poverty and improve health outcomes is broad political will and investments into several areas.

➔ Presentation Dr. Ruth Bell »Health Equity in International Politics«

Bähr emphasized in her speech that health is a key topic for VENRO and that health plays a particular role in post-2015 discussions. She argued that basic investments into areas such as education would have little effect if children do not survive their first year in life. Health should therefore have high priority on the international agenda, including during the German G7 Presidency in 2015. Bähr welcomed Germany's engagement in the Open Working Group (OWG) on the sustainable development goals of the United Nations, as well as the German government's focus on Universal Health Coverage (UHC) in its Position Paper. She noted, however, that the 80/40 goal, which prescribes an aim of 80 percent coverage for the poorest 40 percent, is not ambitious enough. Furthermore, she called for the German government to ensure that girls and women, as well as sexual reproductive health rights (SRHR) do not drop off the agenda during the negotiation process.

➔ Speech of Renate Bähr »The Importance of Health for the Post-2015 Agenda – An Address from a Civil Society Perspective« (in German)

➔ VENRO Position on Health in the Post-2015 Agenda



First Panel with the State Secretary of the BMZ Dr. Friedrich Kitschelt, and Renate Baehr (Executive Director of DSW and VENRO Vice chairwoman). Left: Tanja Funkenberg (terre des hommes)

The State Secretary of the BMZ, Dr. Friedrich Kitschelt noted that there is broad consensus between the German government and NGOs on what is expected of the post-2015 agenda. The post-2015 agenda offers a unique opportunity to ensure that all people can live a life in dignity and peace. The agenda should, however, be coherent, universal and based on sustainable principles, and it should include realistic goals that can be financed. Kitschelt emphasized that Germany is working towards ensuring that health continues to remain an important goal. He spoke about the consultation processes that have taken place so far like the High Level Panel of Eminent Persons (HLP) and the UN Open Working Group (OWG), and argued that these present important discussion summaries, but should not be regarded as the basis for negotiations. Germany will negotiate based on a common European Union (EU) position after the Secretary General of the United Nations, Ban Ki-moon, presents his report in autumn 2014.

➔ BMZ Press Release and prepared speech of Minister Müller
(in German)

➔ Speech of State Secretary Dr. Friedrich Kitschelt
(in German)

Subsequently to the speeches **questions and answers** followed:

Kitschelt pointed out that the Zero Draft of the UN Open Working Group (OWG) is not a negotiating paper, but shows how states position themselves. This process is worth-while and important, but only the first step. The reports of the High Level Panel of Eminent Persons (HLP) as well as of the Sustainable Development Solutions Network (SDSN) will be equally important for the UN Secretary General Ban Ki-moon. The agenda should be binding, Kitschelt emphasised, and not simply a list from which governments can choose individual targets arbitrarily. Germany is very much engaged in the process and emphasises the health goal. Ambitious targets are needed as well in the field of HIV/AIDS. Kitschelt also noted that the replenishment conference of GAVI in Germany 2015 is welcomed by the Chancellor as well as internationally.

Asked how health services can reach everyone, Bell emphasised that different sectors have to collaborate. This requires better data in order to measure the impact on health.

Mrs. Wendling (deputy head of health within BMZ, reported that there is currently no action plan in place to increase the proportion of expenditure on health in the Ministry's budget. Unless the budget increases, expenditure



Panel »Financing of Universal Health Coverage« – From left Dr. Gorik Ooms (Tropical Institute of Antwerp), Dennis Odwe (Action Group on Health, Human Rights and HIV/AIDS, Uganda), Niema Movassat (Parliament Representative for the Die Linke)

cannot increase. Wendling also emphasised that the German government is pushing for the unmet MDGs to be part of the new agenda. The question was posed whether the government is considering civil registration systems. Wendling agreed that statistics are very important for monitoring, but the question remains which statistics and data can be collected with limited resources. Wendling highlighted the importance of Universal Health Coverage for the government, as emphasised in the German position paper on SDGs. Finally, Bähr, deputy chair of the board of VENRO, emphasised the important role of the German government in drawing up the EU position in the autumn of this year, and in the Post-2015 Agenda negotiations in New York at the end of the year.

The Fora

In the afternoon, the 140 conference participants discussed various aspects of health in the post-2015 agenda **in three parallel fora**. These were summarized in the following plenary session.

In the **Forum »Financing Universal Health Coverage«**, Dr. Gorik Ooms (Institute of Tropical Medicine Antwerpen, Belgium) and Dennis Odwe (Action Group on Health,

Human Rights and HIV/AIDS, Uganda) provided thematic inputs as a basis for discussion. Furthermore, Niema Movassat (MP from the German Left Party) commented on the discussion.

Ooms advocated Universal Health Coverage (UHC) and health goals that are anchored in human rights and backed up by concrete funding pledges. There is otherwise a risk that countries in both the South and North will cherry-pick which health programs to fund. This could lead to »Selective Universal Health Coverage«, leading to increased fragmentation of health systems in developing countries. International funding pledges could ideally flow through a multilateral institution – for example a Global Fund for Social Security. Critics of UHC fear that UHC could be a step back from the health goals of the MDGs. In particular in the area of HIV/AIDS, for which the Global Fund was created to act as a financing mechanism, there is a fear that without concrete funding pledges, UHC will in practice be a step back from what has been achieved so far. For many African countries, this could in theory mean that HIV/AIDS programs would no longer be financed through national health systems. One major problem is that UHC goals are currently tied to the »economic context« of a country, which could result in a reduction in national health expenditure. In order to ensure that universal coverage with all necessary health services can be financed by the post-2015 agenda,

the goals need to be backed up with funding pledges and solidarity between all people, moving beyond traditional North-South development aid between states.

→ Presentation of Dr. Gorik Ooms

In his contribution, Odwe spoke about the situation in Uganda, and through comprehensive data illustrated that national health expenditure has increased only minimally since the year 2000. However, even if Uganda achieved its internationally agreed 15% budget expenditure target for health based on the Abuja Declaration, it would still not be able to finance current MDG health goals, nor the more expansive UHC agenda. Uganda therefore continues to remain highly dependent on foreign aid. With increasing health costs, the goal of UHC and new priorities, Odwe advocated for needs-based health services, more international support, as well as improved allocation efficiency and a stronger focus on prevention. Additional funding could be raised through debt relief, a national health insurance and increased national tax rates. Beyond funding it is important to anchor health as a human right in the constitution.

→ Presentation Dennis Odwe

Movassat supported the idea that there should be more solidarity and responsibility between people. Foreign aid should be needs-based and not be funded through bilateral or private sector channels. A Global Fund for Social Security should be discussed. Movassat used Great Britain as an example to underscore that the 0.7% goal can be attained if there is sufficient political will. He emphasized that the state is responsible for ensuring access to health services, and that health services should be free of charge. The example of Cuba illustrates how targeted investments can improve health standards also in a poor country.

In the **Forum »Ensuring Equity in Health«**, Dr. Angela Donkin (UCL Institute for Health Equity, UK), Itai Rusike (Community Working Group on Health, Zimbabwe) and Nicoleta Panta (Plan International) provided thematic inputs.

Donkin presented research results that show how interconnected health and other social areas are. Health includes access to clean water and sanitary facilities, but



Panel »Ensuring equal opportunities in health«: Dr. Angela Donkin (UCL Institute of Health Equity), Itai Rusike (Community Working Group on Health, Zimbabwe)

also space to rest. She called for better, disaggregated data, surveys, and civil registration systems – in particular for births and deaths, in order to make visible those people and problems which are currently »invisible«. Furthermore, better concepts for citizenship are needed in particular for migrants and refugees in order to ensure that these persons have access to health services. Both high-level political will and expertise are required. This remains a challenge in particular in countries with unstable governments.

Rusike spoke about the situation in Zimbabwe and how many groups in the country are marginalized and face restricted access to health services. Fees are required for many health services, some at abhorrent prices. The gap between the elite and discriminated groups is large, and health data have worsened since the year 2000. NGOs are trying to fill this gap, and have been successful in ensuring that the right to health is mentioned in the national constitution. The Regional Network on Equity in Health in Southern Africa (EQUINET) in the »Equity Watch Report 2011« advocated for the need of a multi-sectoral approach in order to ensure equity in health.

Panta in her presentation argued that rights-based and integrative civil registration systems and population statistics are an important precondition to ensure that all people can access health services. For example in Vietnam, people without an identity card cannot receive vaccinations. Without such data, correct priority setting and effective use of funds in a timely manner is not possible in the health sector. Population censuses are not sufficient for planning UHC, as the data is often inaccurate and does not capture marginalized population groups. Germany could contribute more with its expertise in this area.

➔ Presentation Nicoleta Panta

The **Forum »Health from a Gender Perspective«** began with inputs from Heather Barclay (International Planned Parenthood Federation) and Anne-Birgitte Albrechtsen (UNFPA). Kordula Schultz-Asche (MP for the German Green Party in the health committee) provided a final statement.

Barclay explained the OWG process and argued that time is running out to influence the post-2015 agenda. Several challenges remain, in particular with regard to ensuring that the needs of women and girls remain on the agenda. There is strong opposition to gender themes and gender equality, in particular with respect to sexual reproductive health and rights (SRHR). Barclay advocated for more cooperation and pragmatism. However, the post-

2015 agenda should not fall behind the current MDGs and the needs and rights of women and girls must be included.

➔ Presentation Heather Barclay

Albrechtsen, Deputy Director of UNFPA, argued that the greatest risk currently is that human rights drop off the post-2015 agenda. Youth, sexual minorities and especially young, non-married women will lose greatly if a rights-based agenda were lost, because their right for self-determination over their bodies and sexuality would be jeopardized. She also highlighted the need to have better data collection, so that health systems can tackle inequalities.

Schulz-Asche pointed out that Germany has so far played an important role in the post-2015 process. However, Germany should evaluate its development policy in order to see how gender and social security could better be incorporated. The topic of interregional partnerships should be discussed, and human rights need to be kept on the agenda.

Panel discussions

Following the three thematic fora, a **Panel Discussion** was held in plenary in order to bring together and build on the different themes. Thomas Gebauer (Executive Director of medico international) hosted the discussion. In his introduction, he emphasised the broad consensus for human rights, UHC, and ambitious, coherent goals. The panellists were Edward Munene of the Kenyan NGO Health Rights Advocacy Forum (HERAF, Kenya), Professor Albrecht Jahn of the University of Heidelberg, Stefan Rebman, MP for the German Social Democratic Party, and Stephan Contius of the German Federal Ministry for the Environment, Nature Conservation, Building and Nuclear Safety (BMUB). Munene spoke about the situation in Kenya. The MDGs have led to many improvements, in particular with respect to infectious disease control. However, the health system and maternal mortality have not improved. National health expenditure has actually decreased, and foreign aid has not been disbursed quickly enough due to national bottlenecks. Health has been a human right in the constitution since 2010, but NGOs need more support in order to ensure that the government and African Union (AU) implement this right.

Jahn introduced the network »Go4Health«, which consists of academics and NGOs from the North and South.



Panel »Health from a gender perspective«: Katrin Erlingsen (DSW), Kordula Schulz-Asche (Parliament Representative for the Bündnis 90/Die Grünen)

The network uses surveys to find out what people in the South need, and reflects these needs in the post-2015 process. The results show that all people, including marginalised persons, want access to general health services. The network therefore recommends that countries implement the right to health through UHC, with a focus on »healthy environments«, meaning the right to a healthy environment.

Rebmann confirmed the fear that many countries cannot implement UHC through their current health systems. He nevertheless argued for ambitious goals. The 100 % goal must also apply to access to health services. He supported the efforts of civil society to work together with the German government and politicians on the issue.

Contius emphasized that the documents of the OWG present the different aspects from previous discussions. Targets should not be narrowed down before negotiations start, in order to ensure sufficient leeway in the negotiations. Germany supports four main areas: eradication of extreme poverty and hunger; protection of natural resources; dignified working conditions and fair income through ecologically sustainable growth; and good governance. The OWG discussions show that the German Position Paper is supported also by states that usually focus primarily on economic growth. There is a real risk that important points fall off the agenda during the negotiation process. It is therefore important to ensure that there is broad consensus on goals which are deemed important issues. One of the most debated points is gender equality. Germany continues to support and advocate for this goal. Contius encouraged all participants to keep up their ambitions, but pointed out

that not all can be financed by northern countries, especially if states don't want or are not able to finance certain sectors due to wrong tax policies.

In the discussion that followed, both Rebmann and Contius noted that there is a danger that at the same time as sustainable development goals are discussed, trade agreements are made that contradict these goals. They demanded increased political coherence.

During the discussion Jahn pointed out that national priorities are still possible with the concept of UHC given the necessary framework. Ghana, for example, has introduced a tax for health care. Each country should develop a national health strategy, which includes normative aspects such as anchoring the right to health into the constitution.

→ VENRO press release on the conference



Stephan Contius, The Federal Ministry for the Environment, Nature Conservation, Building and Nuclear Safety (BMUB)

VENRO's recommendations to the German government, international negotiating partners and the United Nations on the post-2015 agenda are:

- The post-2015 agenda must be human rights-based and the right to health must be implemented for all people, irrespective of their social status.
- The post-2015 agenda must include an ambitious stand-alone health goal.
- The corresponding sub-goals should build on the MDGs, but be more ambitious and include the reduction of pre-mature death due to non-communicable diseases. Universal access to sexual reproductive health and rights has to be stipulated and the end of all preventable death of children and mothers as well as death due to Aids, TB and Malaria and zero new HIV infections has to be decided.
- Universal access to comprehensive, quality and effective health care services based on strong health systems has to be provided to all people, without the danger of impoverishment (Universal Health Coverage).
- In order to avoid an exclusive focus on diseases but rather to strengthen health systems, the health goal and its targets need to be provided with long-term financing commitments and financing processes based on national and international solidarity.
- In addition, the health goal and its targets should be designed in a way that ends inequalities and discrimination, so that all people – and particularly marginalized people – can profit from quality and needs-based health services.
- A rights-based, integrative civil registration system should be introduced to record all births and deaths in order to provide all people with needs-based health services.

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VENRO is the umbrella organisation of development non-governmental organisations (NGOs) in Germany. The organisation was founded in 1995 and consists of around 120 organisations. Their backgrounds lie in independent and church-related development co-operation, humanitarian aid as well as development education, public relations and advocacy.

VENRO's central goal is to construct a just globalisation, with a special emphasis on eradicating global poverty. The organisation is committed to implementing human rights and conserving natural resources.

VENRO represents the interests of NGOs vis-à-vis the federal government. The organisation represents the variety of development organisations and acts as a forum where positions and opinions can be developed. It engages in lobbying and watches and comments on state policies concerning developing countries. It is a sought-after dialogue partner for decision makers in politics and society.

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