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DEUTSCHER NICHTREGIERUNGS-
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STATEMENT

Health in the Post-2015-Agenda

In its capacity as the association of German development NGOs representing about 120 different civil society organisations (CSOs) and networks, VENRO has issued two position papers on underlying principles of the post 2015 agenda.

The following recommendations focus on the issue of health. They are based on discussions within the VENRO Working Group on Health and with relevant stakeholders from CSOs. The recommendations respond to the Report of the High Level Panel (HLP) “A new global partnership: Eradicate poverty and transform economies through sustainable development” and the Report of the Sustainable Development Solutions Network (SDSN) “An Action Agenda for Sustainable Development”. They aim to support discussions about health as part of the post 2015 agenda during and after the UN-General Assembly in September 2013 in New York.

Underlying Principles

The post-2015 agenda should commit to **health as a human right** for all people. This includes state obligations to respect, protect, and fulfill the human right to health as well as possibilities for each individual to claim his or her rights. Moreover, **equity** must be an overall principle for all development efforts. VENRO is very skeptical that the paradigm of **economic growth** is a sufficient driver for social development.

The overarching Health Goal

VENRO underlines that the new development framework must include a **stand-alone goal on health**. We welcome that the HLP report as well as the SDSN report have a stand-alone-goal on health. **Universal Health Coverage (UHC)** as a goal is a good approach to include the unfinished tasks for the MDG health goals. UHC as concept offers a broader understanding of health and health systems which is needed in order to sustain and expand gains of the MDGs. In addition, health is a **cross-cutting issue** that is affected by other areas of development such as poverty eradication, climate change, nutrition and food security, and gender equality.

The specific **health goal** should cover the **unachieved health MDGs**, e.g. by including targets such as on the fulfillment of the UN-commitment to provide for **universal access (UA)** to HIV-prevention, treatment, care and support as well as ensuring

universal access to sexual and reproductive health and rights for all (SRHR), especially for vulnerable and marginalized groups. Moreover, an overarching health goal must unmistakably call for the end to AIDS and the end to the preventable deaths of children as well as all other communicable and non-communicable diseases.

Furthermore, the **health goal** should have a strong commitment to **health systems strengthening (HSS)**. Respective underlying principles should be the six building blocks of a health system according to the World Health Organisation (WHO): health service delivery, qualified health workforce, health information system, availability of and access to essential drugs and health products, equipment and supplies, health financing, and governance. This demands stronger investments in private and public research and development to meet the health needs of people affected by poverty-related and neglected diseases.

In particular health facilities have to be staffed with well-trained personnel in appropriate numbers for each country. Health Information systems, such as birth and death registration have to be improved to better inform planning.

Equal access to, and the availability of, **quality health services and health products without incurring financial hardship**, strong health systems, and sufficient and qualified human resources for health should be the main pillars of UHC. A commitment to provide for HSS and UHC must be explicitly named in the targets and not only as expressions of intent in the explanatory text.

For any health and non-health related goals, strong focus should be on **equity** and the **ending of discrimination** through structural and social changes so that all people benefit from improved health outcomes and access to health care services. These include **vulnerable groups**, such as children and their mothers; people living with disabilities; young and elderly; and people who are **marginalized**, e.g. because they belong to a certain caste or ethnic group, or are part of **at-risk populations**, such as prisoners, refugees, sex workers and their clients, men who have sex with men, and injecting drug users.

Learning from the MDGs, VENRO demands a **broad and meaningful participation of civil society** and communities - including faith based organisations that provide a large

amount of health services in resource limited settings. Only then can ownership for the new global development agenda be reached. For that matter, vulnerable, marginalized and at-risk groups and their organizations as well as CSOs must have the possibility to meaningfully take part in the formulation, implementation, monitoring and evaluation of the post-2015 agenda. Respective mechanisms must be strict and in place from the beginning. A supportive environment must be built through legal requirements and financial as well as institutional support of these groups.

In order to measure a future health goal and targets of the future development agenda, the health goal should have **specific indicators which are disaggregated** by gender, age, income, location, ethnic groups and other social determinants of health.

A future development agenda in general and a future health goal in particular needs **adequate financing**. In this respect, existing financial commitments need to be fulfilled, e.g. the 0.7% of GNI ODA goal and the Abuja Declaration, which asks African governments to invest 15 per cent of their GNI to health. Moreover, donor countries must commit to allocate 0.1per cent of their GNI to health in low and middle income countries, as recommended by the WHO.

To ensure sufficient international financing for health, **additional innovative funding mechanisms** need to be put in place.

IMPRESSUM

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