Major Challenges related to Global Health Beyond 2015: Perspectives from Southern Civil Society
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Protocols

At its 50th anniversary, the African Union reaffirmed the shared vision of its leaders, and their joint commitment to an integrated and prosperous Africa; a continent where development is driven by its own citizens; a global development agenda where its national government and people are significant players with one African voice to shape the post 2015 agenda. In the same vein, the recommendations of the High Level Panel of Eminent Persons (HLP) on the Post 2015 agenda are bold, emphasising a critical need to secure our planet for all, in a sustainable way that ensures that like our continental efforts, the global agenda puts people at its centre, and leaves no one behind.

The illustrative goals, targets and recommendations of the Post 2015 agenda are bold and practical, drawing from the achievement and lessons from the Alma Ata declaration to the MDGs. The over-arching direction is supported by the position of Southern civil society organizations and is affirmed in the report of the global southern CS e-consultation ‘Unfinished Agenda; New Priorities… Individually and collectively, the global community calls for a sustainable and secure world where nations enjoy freedom from want, freedom from fear, are resilient against direct and indirect threats and can both live and die in dignity. This is the human security approach.

Southern CS Consultations further requested for global attention on process issues, lessons from implementation that have been learned from the MDGs that also in themselves are a part of the unfinished agenda as they are bottle necks to universal access to life saving inputs and coverage by health services. We recognize that the final Post 2015 outcome document will be negotiated, and seek that the politics within and between nations that inform this outcome document give considerations to issues that go beyond the extended discussions we have had on goals and targets. Partnerships, Leadership, Accountability and Governance (PLAG) as they are critical to ensure that achieve the ambitious goals that we set.

**Partnership:** Global partnership have called attention to very important priority diseases and systems challenges including the global shortages in the health workforce. Innovation is required to align the investment in these partnerships within the issue (or disease or systems), within health sector, and as we seek multi-sector approaches for sustained success innovation is also required in the kind of partnerships we forge across sectors and indeed across nations! The credibility and inclusiveness of these partnerships are required if we are truly to achieve universal access to life saving inputs and coverage by essential health services hardwired in equity – geographic (coverage), social (gender) and financial (income).

**Leadership:** A real focus on country ownership that will redefine what we mean by countries, identifying stakeholders beyond the traditional gates of those in governance, to include civil society and various other non-state institutions

**Governance:** An open honest discussion on global health governance and diplomacy. Identifying that there are new partners on the table and global health can no longer be contained and retained within the health sector, if our ambitious aspirations and goals are to be achieved.

**Accountability:** Building on our current efforts to ensure that duty bearers are accountable, reporting timely and transparently on their mandated responsibilities for commitments, management of resources and achievement of results. But going beyond these to notions of independent accountability, the very essence of being held to
account, demanding remedial and ensuring that there is responsiveness to citizens who also are part of the shared action to secure our planet and ensure the wellbeing of all ‘Sustained Planet, Healthy People’.

These discussions are evolving and are yet to be effectively grounded in our Post 2015 agenda. Southern CS, in collaboration with our northern counterparts have resolved to work with our governments, partners and other non-state institutions on the ‘One Voice’ Coalition and Campaign. Building synergy on our commonalities, yet bold enough to identify the value in our diversity as issues, goals and target must vary from region to region and country to country. The ‘One Voice’ Coalition will call political attention not only to issues, goals and targets but also to the lessons from partnerships, leadership, accountability and governance that might not readily lend themselves to goals and targets but drive the achievement of these outcomes.

‘One Voice’ has identified 6 ‘Key Action Areas’ which will form the basis of its work:

1. **Promote human rights and human security as the framing principles for the Post 2015 agenda**, highlighting strategies for protection and empowerment and reinforcing accountability and development effectiveness. Drawing on the transformative agenda to leave none behind within an overall approach that is hard wired in equity (geographic, social and financial), promotes well-being and human security in both times of peace and conflict.

2. **Reinforce health as central to the development agenda**: A key outcome and contributor to well-being, the promotion of human rights, resilience, dignity and human security. At the same time, the need for attention on priority health issues, diseases and burdens (SRHR, malaria, tuberculosis, HIV/AIDS, NCD – mental health, cancer, sickle cell disease and aging etc.) identified at country level will be highlighted.

3. **Support work to unpack access and define coverage** to support universal access and universal ‘coverage’ of populations with life-saving and health promoting interventions, within strengthened health systems that have a skilled and motivated health workforce and engaged community action.

4. **Promote innovative financing** for health at both domestic and international levels. With greater calls for investment of national budgets in health, alignment of overseas development assistance and improved effectiveness (value for money) of aligned development investments and resources.

5. **Focus on the how**: promote thinking and action to ensure that implementation processes and structures for the post-2015 agenda are not left to chance. This should include work on Partnerships, Accountability and Governance (Improved measurements, coordination and harmonization of implementing and evaluating structures – within priority issues and diseases, in the health sector; with other sectors and across national and international boundaries); and to ensure that indicators of progress are hard wired with core principles of equity (geographic – coverage by services, financial protection – income and social protection – gender).

6. **Support catalytic and bold leadership** to take forward the agenda including stakeholder accountability that embraces shared roles of national governments, development partners and civil society organizations.

This is the global health and development vision that the Post 2015 political negotiations process must protect. The outcome document and the final agenda it posits is truly a shared vision, and as we chart the way forward, accountability for process, results and resources must be joint.

I thank you

Dr. Lola Dare  
Chief Executive Officer (CHESTRAD)/  
Convenor, Global Health South  
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