

Health in the Pos-2015 Development Agenda: National and global challenges

Paulo M. Buss

Full Member Brazilian National Academy of Medicine
Professor National School of Public Health
The Oswaldo Cruz Foundation

IAP Workshop

Science for Poverty Eradication and Sustainable
Development: a Call for Action

Manaus, Brazil, 3-5 December 2014

Global health situation: some figures

Life expectancy at birth in Sub-Saharan Africa just **53 yo**
(27 years less than high-income countries) (OMS, 2013)

Around 805 million people suffer from **chronic hunger**
(FAO, 2014)

Around 885 million without access to **clean water**

Around 2,6 billion no access adequate **sanitation**

Demographic transition and **rapid urbanization**

Triple burden of disease and globalization of **unhealthy lifestyles**; commercial interests

Huge social and health inequalities between countries and within countries

Fonte: UN/DESA (2013). *Inequality matters: Report on the world social situation 2013*

Global health situation: causes

- Such data are not random, but expected, due to the **social production of health**
- Health is not just a biological phenomena
- Health is socially produced
- The **social determinants of health** are the 'cause of the causes' regarding health
- The current **mode of production and consumption** produce **inequalities, exclusion and is eco-aggressive**

WHO World Commission on Social determinants of Health (2008)

Global governance and health

- Importance of **political and economic actors** external to the health field
- **Social determinants of health**: World Conference, Rio de Janeiro (October, 2011) and follow-up: WHA 65 Resolution.
- **Global governance and health**. Ex.:
 - **Commission The Lancet – University of Oslo**: The political origins of health inequities
 - **Health in all policies: Helsinki Declaration** (2013)
- **MDG, SDG an post-2015**. Rio + 20: Health and environment in the sustainable development

Source: <http://dssbr.org>



Global Governance *for* Health

THE LANCET – UNIVERSITY OF OSLO COMMISSION

THE LANCET – UNIVERSITY OF OSLO COMMISSION ON GLOBAL GOVERNANCE FOR HEALTH

GLOBAL GOVERNANCE FOR HEALTH: THE POLITICAL ORIGINS OF
HEALTH INEQUITIES – PROSPECTS FOR CHANGE

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)62407-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)62407-1/fulltext)

The Lancet volume 383 issue 9917 pages 630-667, 15 february 2014

Global political origins of inequities

- Financial crisis and subsequent austerity measures
- Intellectual and industrial property as the drugs and other products for health
- Treaties of trade and investment
- Industry, trade and regulation of food
- Activities of transnational corporations
- Migration; and
- Armed violence



Dysfunctions of the global governance system

- Democratic deficit
- Weak accountability mechanisms
- Institutional stickiness
- Inadequate policy space for health, and
- Missing or nascent institutions





THE LANCET

Global Governance *for* Health

THE LANCET - UNIVERSITY OF OSLO COMMISSION

The Lancet–University of Oslo Commission on Global Governance for Health

The political origins of health inequity: prospects for change

Ole Petter Ottersen, Jashodhara Dasgupta, Charaf El-Batini, Paulo Buss, Virasakdi Chongsuvivatwong, Julia Freck, Saikho Fukuda-Parr, Bence P Gawanias, Rita Gauraman, John Gyapong, Jennifer Learning, Michael Marmot, Desmond McNair, Gertrude I Mangella, Nikasana Moya, Sigun Magdal, Ayanda Ntsaluba, Garik Ooms, Espen Bjertness, Ann Louise Lie, Sverre Maan, Sidsel Rødahlom, Kristin I Sandberg, Inger B Schell

Executive summary

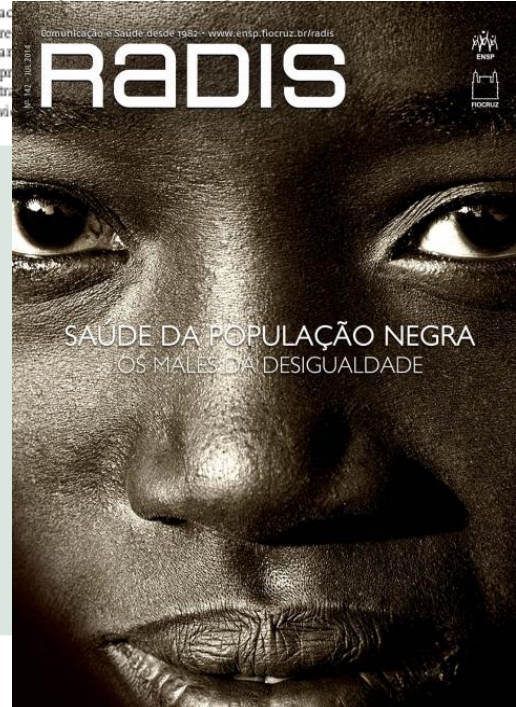
Despite large gains in health over the past few decades, the distribution of health risks worldwide remains extremely and unacceptably uneven. Although the health sector has a crucial role in addressing health inequalities, its efforts often come into conflict with powerful global actors in pursuit of other interests such as protection of national security, safeguarding of sovereignty, or economic goals.

This is the starting point of *The Lancet–University of Oslo Commission on Global Governance for Health*. With globalisation, health inequity increasingly results from transnational activities that involve actors with different interests and degrees of power, states, transnational corporations, civil society, and others. The decisions, policies, and actions of such actors are, in turn, founded on global social norms. Their actions are not designed to harm health, but can have negative side-effects that create health inequities. The norms, policies, and practices that arise from global political interaction across all sectors that affect health are what we call global political determinants of health.

The Commission argues that global political determinants that unfavourably affect the health of some groups of people relative to others are unfair, and that at least some harms could be avoided by improving how global governance works. There is an urgent need to understand how public health can be better protected and promoted in the realm of global governance, but this issue is a complex and politically sensitive one. Global governance processes involve the distribution of economic, intellectual, normative, and political resources, and to assess their effect on health requires an analysis of power.

This report examines power disparities and dynamics

University of Oslo's Office



Multistakeholder Platform on Governance for Health

A policy forum to provide space for diverse stakeholders to frame issues, set agendas, examine and debate policies in the making that would have an effect on health and health equity, and identify barriers and propose solutions for concrete policy processes.



Global Governance *for* Health
THE LANCET - UNIVERSITY OF OSLO COMMISSION

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The Lancet–University of Oslo Commission on Global Governance for Health

The political origins of health inequity: prospects for change

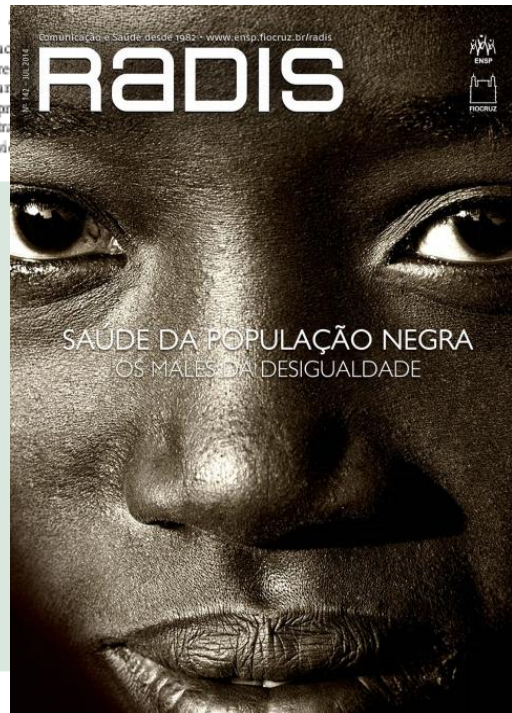
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We call for the independent monitoring of how global governance processes affect health equity to be institutionalized through an *Independent Scientific Monitoring Panel* and mandated health equity impact assessments within international organizations

We call for strengthened use of *human rights instruments* for health, such as the *Special Rapporteurs*, and stronger sanctions against a broader range of violations by non-state actors through the *international judicial system*

Post-2015 Development Agenda: UN and Member-States overall response

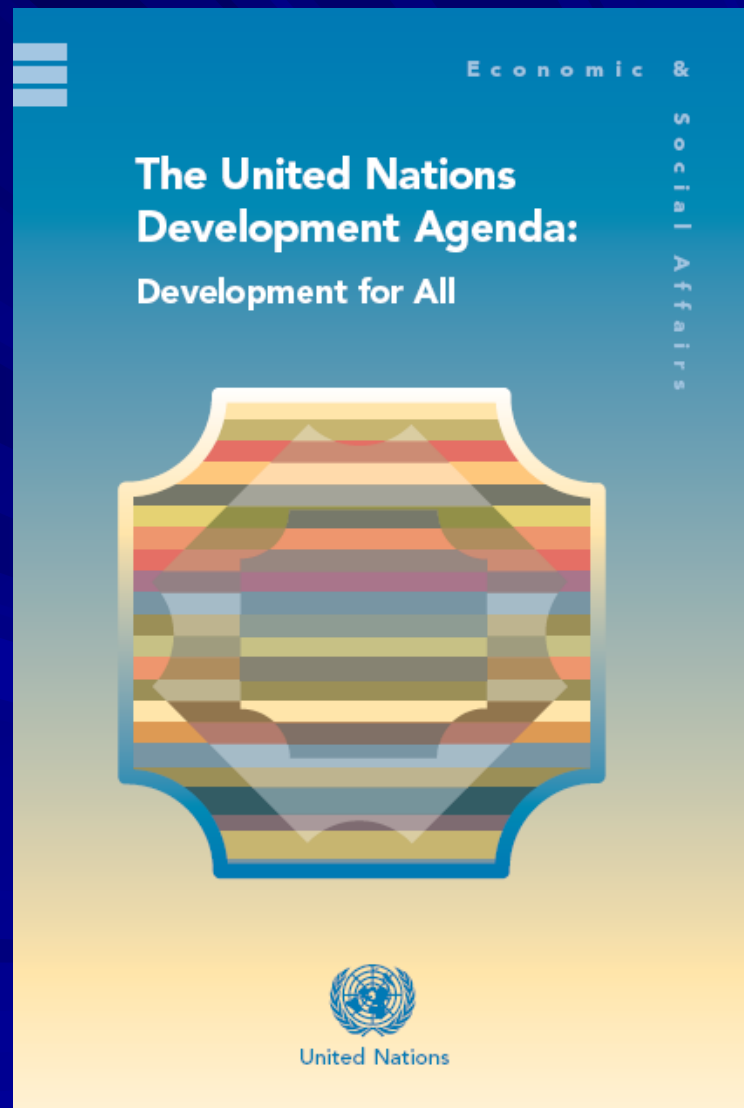
Health in the Agenda

Agenda global para o desenvolvimento

As **cúpulas e conferências das Nações Unidas**, celebradas nos últimos 20 anos, geraram relativo consenso mundial sobre políticas e atividades para erradicação da pobreza e fomento ao desenvolvimento sustentável, proporcionando um marco básico para alcançá-los.

A **Cúpula do Milênio** se baseou nas decisões adotadas nestes eventos e reforçou algumas de suas mensagens fundamentais. Tais decisões, junto com a **Declaração do Milênio**, constituem o **programa de desenvolvimento das Nações Unidas**

<http://www.un.org/esa/devagenda/index.html>



Conferências das Nações Unidas

- 1990** – Cúpula Mundial das Nações Unidas sobre a Criança
- 1992** – Conferência das Nações Unidas sobre Ambiente e Desenvolvimento
- 1993** – Conferência das Nações Unidas sobre os Direitos Humanos
- 1994** – Conferência das Nações Unidas sobre Populações e Desenvolvimento
- 1995** – Conferência das Nações Unidas sobre a Mulher
- 1995** – Conferência das Nações Unidas sobre o Desenvolvimento Social
- 1996** – Conferência das Nações Unidas sobre Assentamentos Humanos (Habitat II)
- 1996** – Cúpula Mundial das Nações Unidas sobre Alimentação
- 2000** – Cúpula do Milênio: Declaração e Objetivos do Milênio
- 2002** – Conferência Internacional sobre Financiamento do Desenvolvimento
- 2002** – Cúpula Mundial sobre Desenvolvimento Sustentável Rio + 10
- 2005** – Cúpula do Milênio II
- 2010** – Cúpula do Milênio III
- 2012** – Rio + 20

Declaração e Objetivos de Desenvolvimento do Milênio (ODM)

- Erradicar a pobreza extrema e a fome
- Garantir a universalização da educação primária
- Igualdade entre gêneros e autonomia da mulher
- Reduzir a mortalidade infantil
- Melhorar a saúde materna
- Combater o HIV/AIDS, a malária e outras doenças negligenciadas
- Garantir a sustentabilidade ambiental
- Fomentar uma associação mundial para o desenvolvimento



www.nospodemos.org.br

8 JEITOS DE MUDAR O MUNDO



Movimento Nacional pela Cidadania e Solidariedade

Rio + 20

United Nations Conference on Sustainable Development

Rio de Janeiro, June 2012

Powerful agreement process for long-term (2030)
among United Nations Member States

Final document: '*The future we want*, signed by all
Chief of States or Governments

Three pillars of sustainable development:
economic, environmental and social

Global, national and local actions



The future we want

- Final document of agreement between the Heads of State and Government
- 53 pages, 283 paragraphs
- 9 paragraphs on health
- Access: <http://dssbr.org> (site ENSP / Fiocruz)
- Document guiding the development of the Post-2015 Development Agenda process
- Unfinished agenda (MDGs) and new agenda (ODS)

Rio + 20 (The future we want) and health ^(1/2)

138. Health precondition, result and indicator of the three dimensions of sustainable development (...) measures on social determinants of health

139. Universal and equitable health coverage (...) Participation of all relevant actors to undertake coordinated **multisectoral action**

140. **Communicable diseases**: HIV / AIDS, malaria, tuberculosis, influenza, polio, neglected tropical diseases and other communicable diseases. (...) Eliminate vertical HIV transmission

141. **NCDs** (cancer, cardiovascular, diabetes and chronic respiratory diseases. (...)) **Multi-sectoral national policies** for prevention and control of NCDs (...) reduce air and water pollution and that caused by chemicals

Rio + 20 (O futuro que queremos) e saúde (2/2)

142. Apply **TRIPS Agreement** to protect public health and access to medicines for all

143. Collaboration and national and international cooperation **to strengthen health systems**: funding; human resources; access to medicines, vaccines and safe medical technologies, affordable, effective and quality; and health infrastructure. WHO leadership as an international authority.

144. Trends and **demographic projections** in development strategies and policies. Migration. Planning.

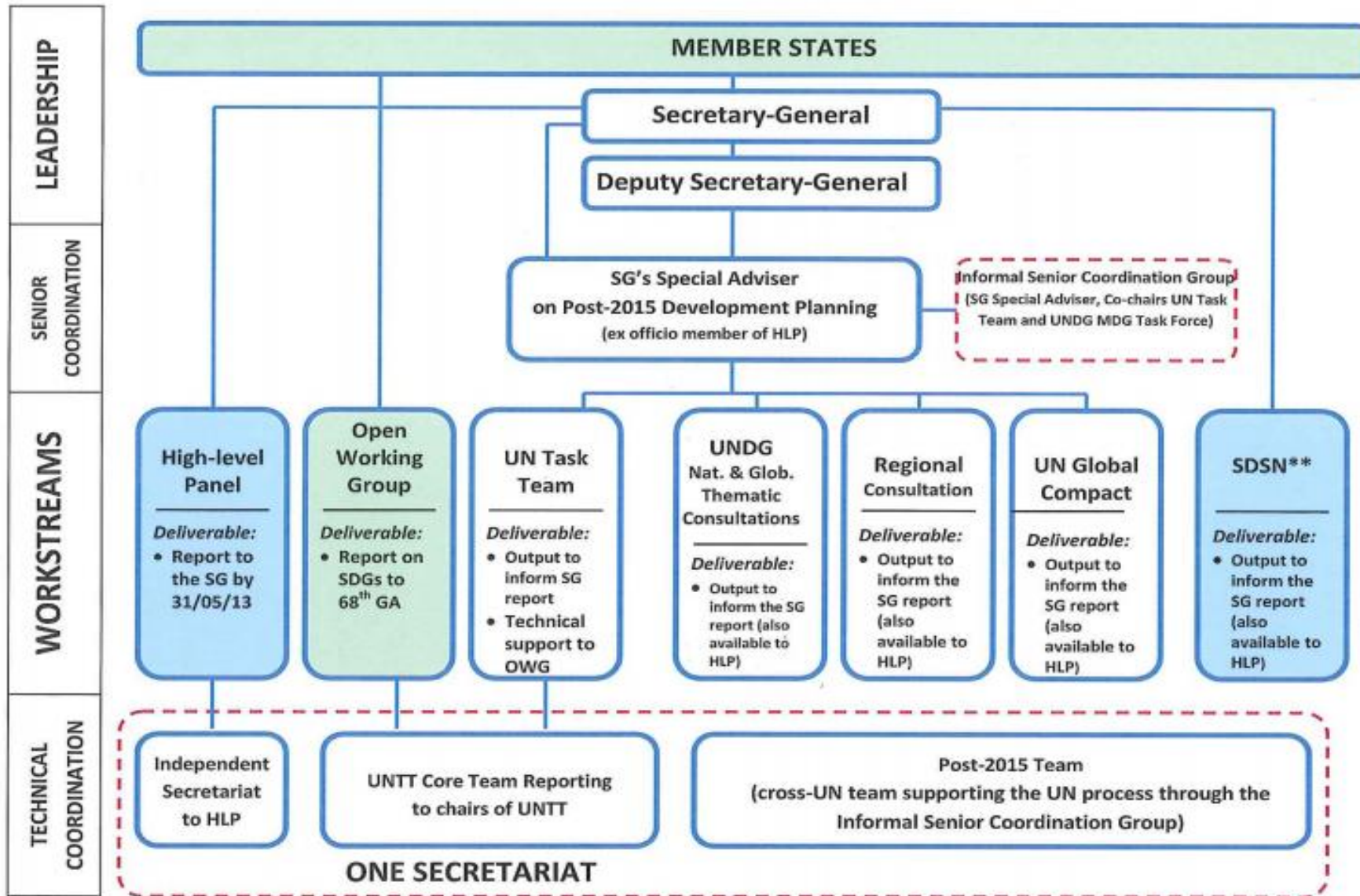
145. Universal access to **reproductive health, family planning and sexual health**, and their integration into national strategies and programs.

146. Reducing maternal and child mortality and improve health

Agenda de Desenvolvimento Pós-2015

Processo pos-Rio+20 em curso (1/2)

- Processo de definição dos **Objetivos do Desenvolvimento Sustentável pós-2015** se estenderá até setembro de 2015 (**AGNU 2015**)
- Em **2015: Cúpula do Desenvolvimento Sustentável** para avaliar o processo de ODM e estabelecer a **Agenda de Desenvolvimento das Nações Unidas pos-2015**
- Consecução de ODM até 2015
- Para ODS utilizar metodologia de ODM: **formulação de objetivos, metas e indicadores**
- Baseados na Agenda 21 e no Plano de Implementação de Joanesburgo, com pleno respeito aos princípios da Rio 92 e orientações da Rio+20



*no change to existing reporting lines.

** Sustainable Development Solutions Network

Member States

SG initiative

Agenda de Desenvolvimento Pós-2015

Processo pós-Rio+20 em curso (2/2)

- Intergovernmental mechanism: **Open Working Group**, which responds to the UNGA
- **UN Interagency Group on agenda post-2015**: more than 60 UN agencies and international organizations
- **'Global dialogue' on the post-2015 (health)**
- **High Level Panel of Eminent Persons**: Proposal Development Agenda post-2015
- **Sustainable Development Solutions Network**
- All processes documents prepared. Convergence in the OWG. SG consolidate the. Resulting document was submitted to the UNGA in 2014 and will be discussed by the UNGA in 2015
- This document has been guiding the steps, between 2014 and 2015

Objetivos do Desenvolvimento Sustentável (ODS)

Proposed goal 1. End poverty in all its forms everywhere

Proposed goal 2. End hunger, achieve food security and improved nutrition, and promote sustainable agriculture

Proposed goal 3. Ensure healthy lives and promote well-being for all at all ages

Proposed goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

Proposed goal 5. Achieve gender equality and empower all women and girls

Proposed goal 6. Ensure availability and sustainable management of water and sanitation for all

Proposed goal 7. Ensure access to affordable, reliable, sustainable, and modern energy for all

Proposed goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for

Proposed goal 10. Reduce **inequality** within and among countries

Proposed goal 11. Make **cities and human settlements** inclusive, safe, resilient and sustainable

Proposed goal 12. Ensure **sustainable consumption and production** patterns

Proposed goal 13. Take urgent action to combat **climate change** and its impacts

Proposed goal 14. Conserve and sustainably use the **oceans, seas and marine resources** for sustainable development

Proposed goal 15. Protect, restore and promote sustainable use of **terrestrial ecosystems**, sustainably manage **forests**, combat **desertification**, and halt and reverse **land degradation** and halt **biodiversity loss**

Proposed Goal 16. Promote **peaceful and inclusive societies** for sustainable development, provide access to **justice for all** and build effective, accountable and inclusive **institutions** at all levels

Proposed goal 17. Strengthen the **means of implementation** and revitalize the **global partnership for sustainable development**

Proposed goal 3. Ensure healthy lives and promote well-being for all at all ages

3.1 by 2030 reduce the global **maternal mortality** ratio to less than 70 per 100,000 live births

3.2 by 2030 end preventable **deaths of newborns and under-five children**

3.3 by 2030 end the **epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases**

3.4 by 2030 reduce by one-third **premature mortality from non-communicable diseases (NCDs)** through prevention and treatment, and promote **mental health and wellbeing**

3.5 strengthen prevention and treatment of **substance abuse**, including narcotic drug abuse and harmful use of alcohol

3.6 by 2020 halve global **deaths and injuries from road traffic accidents**

3.7 by 2030 ensure universal access to **sexual and reproductive** health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

3.8 achieve **universal health coverage (UHC)**, *through universal, equity, comprehensive and quality health systems*, including financial risk protection, access to quality **necessary essential** health care **and public health services**, and access to safe, effective, quality, and affordable **essential necessary** medicines, and vaccines **and medical and public health technologies** for all

3.9 by 2030 substantially reduce the number of deaths and illnesses from **hazardous chemicals and air, water, and soil pollution and contamination** *and protect the health of the population regarding those threats*

3.10. address the social determinants of health, through innovative forms of governance that include other government sectors and civil society

a) strengthen implementation of the **Framework Convention on Tobacco Control** in all countries as appropriate

b) support **research and development of vaccines, and medicines and technologies** for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable **essential necessary** medicines, and vaccines **and technologies**, in accordance with the **Doha Declaration** which affirms the right of developing countries to use to the full the provisions in the **TRIPS agreement** regarding flexibilities to protect public health and, in particular, provide access to medicines for all

c) increase substantially **health financing** and the recruitment, development and training and retention of the **health workforce** in developing countries, especially in LDCs and SIDS

d) strengthen the capacity of all countries, particularly developing countries, for early warning, risk reduction, and management of **national and global health risks, as well as, capacity for sanitary surveillance and regulation**

UHC: a powerful concept in evolution

UHC is to ensure all people have access to needed services (prevention, promotion, curative, rehabilitation, and palliative care) with sufficient quality to be effective and without exposing individuals to financial hardship

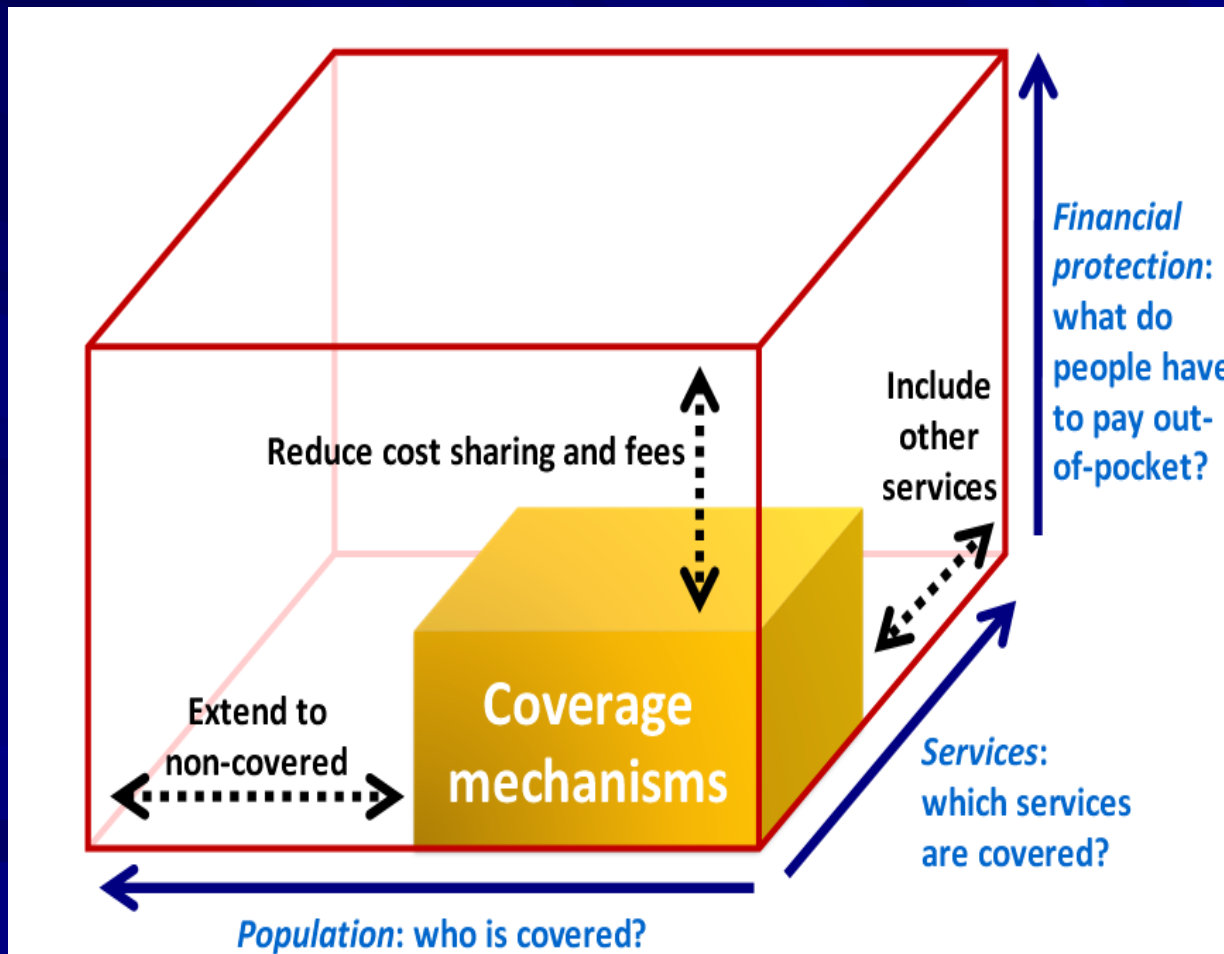
UHC provides renewed focus on access to the Social Determinants of Health, and the engagement of other sectors and civil society to promote health and well-being”



PRINCIPLES OF UHC

- ☑ Universality
- ☑ Equity
- ☑ Right to health
- ☑ Solidarity

Towards UHC: Three Dimensions Policy Choices



Questions on Health as SDG

- Universal health coverage or health lives and well-being?
- Universal 'coverage' X Universal 'systems'
- **Health**: health care for sick people X comprehensive care (promotion, prevention, health care for sick people and rehabilitation)
- Right to health X Health insurance
- Presence X absence of issues like public health, healthcare regulation and environmental health
- Dialogue between **health** and 'extra-sectorial' issues
- **Health and development**. Social determinants of health

Some conclusions on Health as SDG

- 'Universal health coverage' is essential, but insufficient
- Are needed 'universal, comprehensive, equitable and quality systems'
- Universal health coverage should be **one of the 'targets'** of an ODS 'ensure healthy lives and well-being for all in all ages'
- For this it is necessary to joint health with the 'extrasectoral' subjects, ie the other ODS, given guidance 'from silos to integrated policies'
- So **health and development** will be interconnected and the **social determinants of health** are considered

Call for action to Academies

Academies of Sciences and Academies of Medicine: knowledge management and action – as civil society organizations; dialogues with/ and mobilization of the society

Political action and technical assistance with the Ministries of Health and Foreign Affairs (policy makers)

Political action with politics (parliaments)

Knowledge management (*evidence base*) an *advocacy*

Stimulate translational research putting together medical, biological and social scientists

Possibility of an inter-sectorial vision and approach

National and global dimensions

Claim for IAP space Scientific Advisory Board of UNESCO, created by SG Ban Ki-moon to strengthen the interface between science and policy, within the High-Level Political Forum (HLPF) and integrate Major Groups

Observatório

sobre Iniquidades em Saúde



Apresentação

Lista de indicadores:

- Todos
- Determinantes Sociais
- Situação da Saúde
- Atenção à saúde

Análises

Últimas Publicações

02/04/12 | 23:04

[Dez anos da PNAD](#)

02/04/12 | 22:04

[Diferenciais do Tabagismo no Brasil](#)

27/03/12 | 12:03

[Observatório sobre Iniquidades em Saúde](#)

26/03/12 | 13:03

[A redução da desnutrição infantil no Brasil é expressiva e realça desafios futuros](#)

26/03/12 | 13:03

[Advocacy e a disseminação de informações em Saúde Pública](#)

26/03/12 | 11:03

[Lista de Indicadores - todos](#)

Destaques



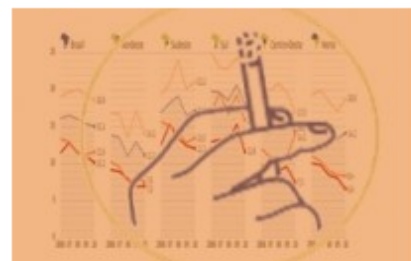
Dez anos da PNAD

Por Alberto Pellegrini Filho

02/04/12 | 23:04

O Observatório sobre Iniquidades

em Saúde publicará uma série de artigos publicados no número de setembro de 2011 pela Revista Ciência e Saúde Coletiva, editada pela ABRASCO. Segundo os editores, precisamos conhecer sistematicamente quais fatores acilitam ou impedem que as pessoas obtenham o cuidado de que necessitam e deles se beneficiem, para redirecionar os caminhos e continuamente orientar o sistema na direção dos princípios do SUS.



Diferenciais do Tabagismo no Brasil

Por Gabriela Lamarca e Mario Vettore

02/04/12 | 22:04

Segundo a OMS, o tabagismo é a principal causa evitável de morte e incapacidade no mundo. Segundo o PNAD 2008, Aluísio Barros e colaboradores descreveram a prevalência do tabagismo diário segundo sexo, idade, renda domiciliar e ocupação de moradores de 15 anos ou mais, no Brasil e regiões. Estudos como esse contribuem para a formulação de políticas públicas para a redução das desigualdades.



Observatório sobre Iniquidades em Saúde

Por Equipe Editorial do Portal DSS

27/03/12 | 12:03

O espaço tem por objetivo o monitoramento das tendências das iniquidades em saúde e seus determinantes, com vistas a apoiar ações para combatê-las. Além de um conjunto básico de indicadores, serão publicadas análises das tendências desses indicadores e dos efeitos de políticas de intervenção sobre eles. O Observatório está aberto aos colaboradores do Portal de DSS e espera contribuir para uma melhor utilização dos recursos públicos no combate às iniquidades em saúde no Brasil.

<http://dssbr.org>