

PEOPLE'S HEALTH MOVEMENT

Background Brief:

Commenting on WHO Executive Board agenda item on: “Health-related Millennium Development Goals; WHO’s role in the follow-up to the high-level plenary meeting of the sixty-fifth session of the United Nations General Assembly on the review of the Millennium Development Goals”

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The Health MDGs and the 2010 MDGs Review Summit

The *health MDGs* are goals 4, 5 and 6. MDG 4 aims to reduce infant mortality by two-thirds by 2015. MDG 5 calls for increased efforts to improve maternal health, especially to reduce by three-quarters the maternal mortality ratio and achieve universal access to reproductive health. MDG 6 aims to combat HIV/AIDS, tuberculosis, malaria and other diseases.

One of the main critical points held by civil society groups in regards to the goals is the *fragmented way* they are presented, which is an overall characteristic of the MDGs agenda as a whole. Indeed, one of the core points of concern regarding the MDGs agenda is its *lack of many critical issues and obstacles to overcoming poverty and achieving the goals*, including the mechanisms required to achieve them individually or synergies between them¹. Moreover, among the critical issues lacking consideration in the MDGs agenda is its lack of considering growing levels of inequality, and often contradictory impact of certain macro-economic policies.

In the run up to the *2010 MDGs Review Summit*, civil society groups have focused- among other issues- on the importance of recognizing the interlinkages among health-related MDGs and between them and other MDGs, and the need for operationalizing a rights-based approach to achieving the health MDGs².

The *outcome document of the MDGs Review Summit* included the addition of a new section specific to the public health system (Art. 73 of the outcome document from the 2010 MDGs Review Summit) that adopts a rights-based approach to health for all and a clear focus on country ownership and the need for greater accountability and transparency to demonstrate that resources are being used effectively. This is considered as the foundation for achieving the three health goals, which have been dealt with so far in a fragmented manner.

¹ United Nations Research Institute for Social Development (UNRISD) (2010); “Combating Poverty and Inequality: Structural Change, Social Policy, and Inequality”.

² Action for Global Health – meeting before the MDGs 2010 Summit:
http://www.actionforglobalhealth.eu/index.php?id=275&tx_ttnews%5Btt_news%5D=293&cHash=45236574826279a97598da369c13284c

The WHO and Some of its Essential Roles

The *WHO* is one of the global governance institutions; thus its role extends beyond quest for a coherent global health policy. It is an institution with a main role in global governance and coherence across global policies, such as between health policies and trade policies for example. Indeed, TRIPS and TRIPS-plus and other complex trade-related issues remain at the center of the question on access to health services.

Thus, the *WHO* ought to be at the center of the debate regarding the revision of the *MDGs agenda*, especially the structural relation between the first seven goals, including the three goals on health, and the 8th goal encompassing dimensions related to the global trade system, aid, and debt relations. This includes what is being promoted under Goal 8 in regards to the WTO Doha round and its intellectual property regulations on one hand, and the progress on human health and global health policy on the other.

Moreover, the WHO has a major role in *the discussion regarding the sustainability of the global development agenda beyond 2015*. This includes *making fairness a cornerstone of global health policies*. Indeed, beyond pursuing increased investment in health policy and enhancing programmatic interventions that target large groups, WHO has a major role in alignment of policies. Thus, policy revisions from a rights-based approach are needed to put equity and non-discrimination at the center of the MDGs agenda, including its health aspects.

Accordingly, there is a need to reconsider the *place of health status and policies within the overall economic growth models of developing countries*. Indeed, the assumption that living conditions and health status would automatically improve as countries grew and liberalized their trade did not accrue. Differences, within and between countries, on various levels including health status, access to health care, and life expectancy are increasing in many countries. In this regards, the WHO has an important role in supporting countries develop comprehensive national health policies. Such policies ought to be aligned with overall national development policies, putting rights and equity at the center. The WHO literature³ indicates the necessity of addressing socioeconomic factors and creating an enabling environment in order to reach the MDGs. This necessitates an active role by the WHO in engaging and addressing other institutions and policies that impact the socio-economic context at the national and global levels. Moreover, accountability of national health policies and the institutions behind them depends in big part on developing a monitoring and evaluation plan with mechanisms to assess quality and monitor health system performance.

A holistic and participatory approach to health, set out in the Declaration of Alma-Ata, needs to remain the basis for modern health systems.

³ World Health Organization 2010; "Accelerating progress towards the health-related Millennium Development Goals".