

# **After MDGs: What Next?**



## **Beyond 2015**

Health and health care after 2015

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- ▶ Future of global health
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  - ▶ Conclusions IOB evaluation SRHR
  - ▶ Strategic choices ICCO Cooperation (MASP)
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# Setting the scene

Start with short video Hans Rösling  
'Bubbles in space'

Other possibilities:

On religion and babies (population growth)

[http://www.ted.com/talks/hans\\_rosling\\_religions\\_and\\_babies.html](http://www.ted.com/talks/hans_rosling_religions_and_babies.html) (12 mins)

Or on global population growth, box by box

[http://www.ted.com/talks/hans\\_rosling\\_on\\_global\\_population\\_growth.html](http://www.ted.com/talks/hans_rosling_on_global_population_growth.html) (10 mins)

# 1. Future of global health

Key question

“How can it be that so much money and efforts have been available for global health and still on the ground there are so many inequalities?”

Paradigm shift needed



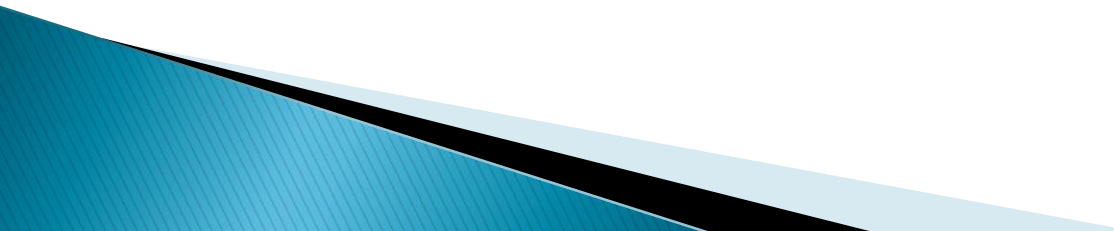
# Paradigm shift; some notions

- ▶ Towards a new architecture: it starts with empowered people!
- ▶ (WHO) A new health plan for Europe should have 3 pillars: governance, equity and life-course (ageing populations).
- ▶ (ADB) Moving away from 'how to save lives' to 'how to build the modern state'.
- ▶ (Worldbank, ITM) The new model is social entrepreneurship, e.g Performance Based Financing
- ▶ (Equinet) 3 dimensions of transformation: reclaiming public health, reclaiming public authority and reclaiming society. Shifting of mindsets is needed.
- ▶ How to enforce transition:
  - Focus on various groups
  - Bottom-up approach
  - Self-steering teams (front runners)


## 2. Post MDG Developments

- ▶ Report HLP meeting on Post-2015 Development Agenda
  - ▶ NB. Apparently many 'conservative' UN member states see the HLP report as too ambitious. In terms of deciding the post 2015 final framework, important is outcome of the UN Open Working Group on Sustainable Development process.
  - ▶ Conclusion HLP meeting: the post-2015 agenda is a universal agenda that needs to be driven by five big, transformative shifts:
    1. Leave no one behind.
    2. Put sustainable development at the core.
    3. Transform economies for jobs and inclusive growth.
    4. Build peace and effective, open and accountable institutions for all.
    5. Forge a new global partnership.
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# Suggested goals (1)

- (i) end poverty;
  - (ii) empower girls and women and achieve gender equality;
  - (iii) provide quality education and lifelong learning;
  - (iv) ensure healthy lives;
  - (v) ensure food security and good nutrition;
  - (vi) achieve universal access to water and sanitation;
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# Suggested goals (2)

- (vii) secure sustainable energy;
  - (viii) create jobs, sustainable livelihoods and equitable growth;
  - (ix) manage natural resource assets sustainably;
  - (x) ensure good governance and effective institutions;
  - (xi) ensure stable and peaceful societies; and
  - (xii) create a global enabling environment and catalyse long-term finance.
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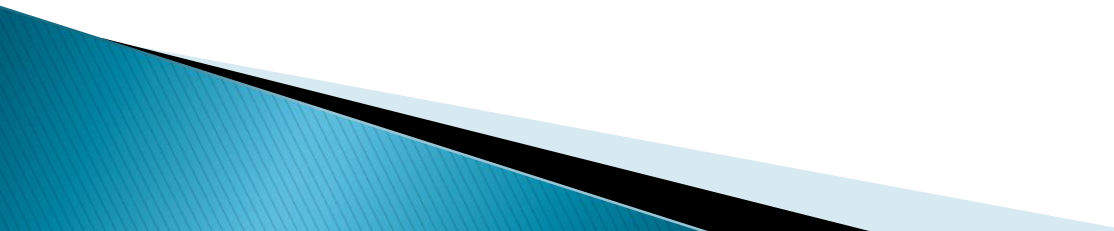
## (ii) Empower Girls and Women and Achieve Gender Equality

2a. Prevent and eliminate all forms of violence against girls and women

2b. End child marriage

2c. Ensure equal right of women to own and inherit property, sign a contract, register a business and open a bank account

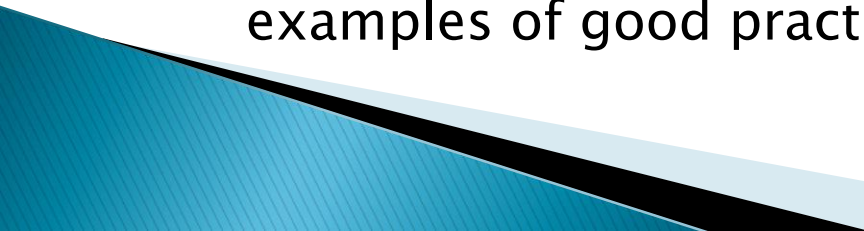
2d. Eliminate discrimination against women in political, economic, and public life



## (iv) Ensure Healthy Lives


- 4a. End preventable infant and under-5 deaths
- 4b. Increase by x% the proportion of children, adolescents, at-risk adults and older people that are fully vaccinated
- 4c. Decrease the maternal mortality ratio to no more than x per 100,000
- 4d. Ensure universal sexual and reproductive health and rights
- 4e. Reduce the burden of disease from HIV/AIDS, tuberculosis, malaria, neglected tropical diseases and priority non-

# Input EAA to post MDG developments

- ▶ (Part of) response to HLP: Inadequate language on Hiv and Aids which lacks ambition when the possibility of ending the pandemic is in sight.
  - ▶ Selected input EAA a.o. on consultation Health Beyond 2015
    - Rooting out inequalities in access to decent health care at the heart of the post-2015 agenda.
    - FBO's knowledge relevant to the local population's needs, likely to have a sustained presence, able to reach marginalized groups; and having in-depth understanding of real needs of local people.
    - FBOs: enormous contribution to healthcare, calling for recognition of their role and a holistic approach to health and development.
    - Promote and act upon the linkages between HIV and human rights, gender, SRH, MCH, TB and hunger/nutrition.
    - Governments should engage more effectively with civil society groups (including faith communities) which offer examples of good practice in community involvement.
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# 3. Policy Ministry of Foreign Affairs

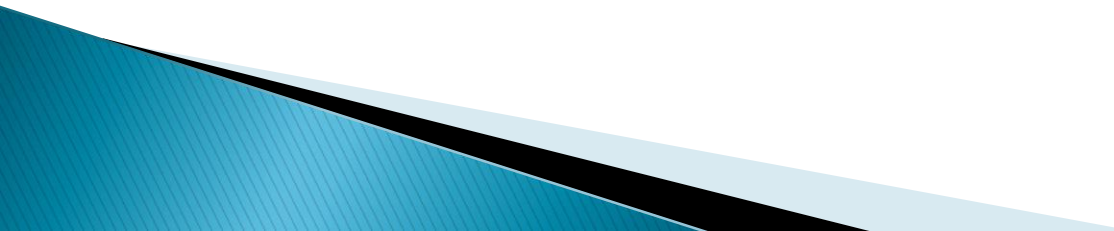
Four core areas of Dutch policy on SRHR.

- ▶ Better information and greater freedom of choice for young people about their sexuality
  - ▶ Improved access to reproductive health commodities
  - ▶ Better sexual and reproductive health care (during pregnancy and childbirth, including safe abortion)
  - ▶ Greater respect for the sexual and reproductive rights of groups who are currently denied these rights.
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# 4. Conclusions IOB evaluation SRHR

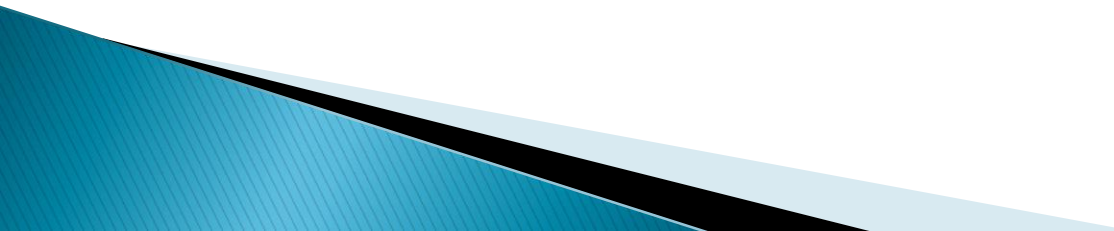
- ▶ Coherence with **policy priorities**; certain specific aspects missing, like e.g. gender
- ▶ Less consistent: **outcome** level changes.
- ▶ Documented changes in **knowledge and attitude**. Life-skills training, use of peer educators & community workers useful. Limited analysis of impact on longer-term **behavior indicators**, e.g. contraceptive use or increase in supervised deliveries
- ▶ Successes in extending **services** to hard to reach populations. Lacking: info about quality of services / quantification of uptake
- ▶ Strategies and plans for **advocacy**: not explicit and time frames too optimistic → outcomes not achieved
- ▶ **Capacity development** strategies not always strongly formulated, implemented, or linked to a plan supporting beneficiaries. Challenges faced in projects around sensitive issues (e.g. sexuality adolescents)
- ▶ **Sustainability** weak in project design

# Strategies that worked well

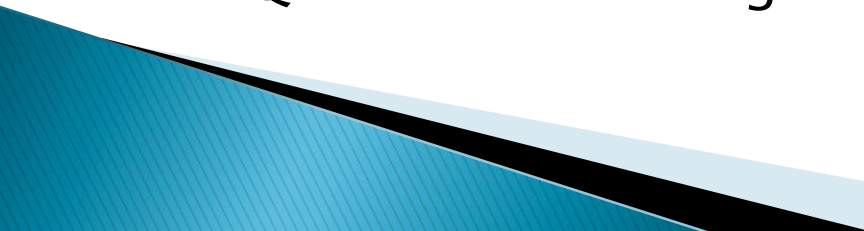
- ▶ Community sensitization and involvement of multiple key stakeholders
  - ▶ Applying a comprehensive approach, in particular linking prevention to services and care and support
  - ▶ Capacity building of partners, focusing on skills and 'how to' and in particular when coupled with support to implementation
  - ▶ Collaboration with existing (government) structures and services
  - ▶ Working with and through peer educators
  - ▶ Using self-help groups and community structures, and involving community volunteers
  - ▶ Using innovative means to reach groups and/or get across messages
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# Common weaknesses

Mostly pertaining to technical issues:

- Lack of specificity in intervention strategies, especially advocacy and capacity development strategies
  - Limited use of research and theory in the design and implementation of interventions
  - Shortcomings in the M&E systems and skills within interventions
  - Relatively short duration of interventions which often have complex goals that require time to produce results
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# Strategic choices ICCO Cooperation (MASP)

- ▶ MASP: still work in process.
  - ▶ Some main developments / visions:
    - Less HIV and AIDS, more mainstreaming issue
    - Less focus on health systems
    - Thematically more integrated programs
    - Focus on CSD and L&A
    - Investigating link with CT&D
    - More focus on SRHR in broad sense, suits with our identity, grassroots network, possibilities for fundraising
    - Focus of ICCO Cooperation will be more on FNS/FED (agricultural production, economic development)
    - Question: financing of national/global organisations?
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# Mapping partner organisations

