



# Health in the post-2015 Development Framework: How to meet the needs of the most marginalized and excluded

## Introduction

For the past two years, UN Member States, UN agencies, civil society and other stakeholders have been discussing the post-2015 Development Framework, which will replace the Millennium Development Goals (MDGs). From the outset the International HIV/AIDS Alliance has engaged actively in the myriad of official post-2015 consultations and civil society discussions, recognizing that they will determine the global vision for health after the MDGs.

Building on our previous post-2015 position, which focused on HIV in the new framework<sup>1</sup>, the first section of this briefing puts forward a proposal for a post-2015 health goal with targets relating to universal health coverage, health outcomes and human rights, including where appropriate HIV-related sub-targets.

Section two provides an analysis of universal health coverage as it concerns the most marginalized and excluded in the context of HIV. According to UNAIDS<sup>2</sup>, sex workers, men who have sex with men and people who use drugs are 13, 19 and 22 times more likely to be living with HIV than the general population, while transgender women may be up to 49% more likely to contract the virus<sup>3</sup>. These groups are also often simultaneously affected by poverty, gender inequality, stigma and discrimination, criminalisation, lack of access to employment or credit and other factors that increase their vulnerability to HIV and prevent them from accessing HIV and health services. The second section suggests ways to approach, measure and monitor universal health coverage in order to ensure access for these populations.

Finally, section three goes on to recommend a number of overarching principles which should both sit within the new post-2015 goals and cut across the entire framework.

1. Stop AIDS Alliance, Don't Stop Now! Ensuring continued progress against MDG 6 in the post-2015 development framework, 2013

2. UNAIDS, Report on the Global AIDS Epidemic, 2013 [http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS\\_Global\\_Report\\_2013\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS_Global_Report_2013_en.pdf)

3. Worldwide burden of HIV in transgender women: a systematic review and meta analysis, Baral et al, December 2012. [http://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(12\)70315-8/abstract](http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(12)70315-8/abstract)

## About the International HIV/AIDS Alliance

We are an alliance of organisations dedicated to ending AIDS through community action.

## About STOP AIDS NOW!

STOP AIDS NOW! Is an independent and partnership-driven organization which aims to expand and enhance the quality of the Dutch contribution to the AIDS response in developing countries, with the intention to halt the AIDS pandemic and its consequences.

## About Stop AIDS Alliance

Stop AIDS Alliance is the joint policy and advocacy initiative between STOP AIDS NOW! and the International HIV/AIDS Alliance active in Brussels, Geneva, and Washington DC which aims to keep AIDS as a high priority on the global political agenda.

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# 1. Our proposal for health in the post-2015 Development Framework

There is widespread agreement that the new Framework should build on the health MDGs, advancing the unfinished business of MDGs 4, 5 and 6 with renewed and more ambitious targets while also addressing emerging health priorities. There is growing consensus too that the three health goals should be replaced by one overarching goal. While we are sympathetic to those who argue that there should continue to be a stand-alone HIV goal, we feel that the time for this has passed and that the key to finally ending AIDS will be the ever increasing integration of the HIV response into health and broader development efforts.

## The health goal

With regard to what the overarching post-2015 health goal should be, two schools of thought have emerged. The first, advocated by the World Health Organisation (WHO), World Bank and a number of UN Member States<sup>4</sup> and civil society organisations, proposes universal health coverage (UHC). UHC is defined by the WHO as “ensuring that all people obtain the health services they need, of good quality, without suffering financial hardship when paying for them”<sup>5</sup>. Proponents of UHC as the health goal believe that it would encourage countries to focus on sustainability in health care, while incorporating the health MDGs and new health priorities. In December 2012, a UN Resolution was endorsed by more than 90 countries to make UHC a global priority.

The second school of thought advocates an outcome-focused, life-course goal, which has been formulated by the UN Secretary General’s High Level Panel<sup>6</sup> as Ensure Healthy Lives and by the SDSN Action Agenda for Sustainable Development<sup>7</sup> as Achieve Health and Wellbeing at all ages. Under this approach, UHC is considered an instrument or enabler to achieve better health outcomes, and, as the UN Open Working Group’s progress report<sup>8</sup> argues, must sit alongside other measures to address social and environmental determinants of health.

We support the second school of thought and calls for an outcome-focused post-2015 health goal that addresses all factors affecting healthy lives or health and wellbeing at all ages. Critical among these are the structural drivers of inequalities. There is a risk that countries will seek to advance progress towards UHC by focusing on easier to reach populations, while excluding more marginalized populations including people living with and those most affected by HIV, such as men who have sex with men, sex workers, people who use drugs and transgender people. If we are to truly ensure that no one is left behind, measures will be needed to reduce the discrimination facing all marginalised groups and to ensure their meaningful participation in the development and implementation of health strategies.

4. Including Thailand, Japan, France and Brazil.

5. World Health Organization, What is Universal health Coverage?, October 2012. ([http://www.who.int/features/qa/universal\\_health\\_coverage/en/index.html](http://www.who.int/features/qa/universal_health_coverage/en/index.html))

6. High-Level Panel of Eminent Persons on the post-2015 Development Agenda, A new Global Partnership: Eradicate Poverty and Transform Economies through Sustainable Development, United Nations, 2013, <http://www.post2015hlp.org/wp-content/uploads/2013/05/UN-Report.pdf>.

7. Sustainable Development Solutions Network, Action Agenda for Sustainable Development, October 2013, <http://unsdsn.org/wp-content/uploads/2014/02/An-Action-Agenda-for-Sustainable-Development.pdf>

8. Open Working Group of the General Assembly on Sustainable Development Goals, Progress Report March 2014, <http://sustainabledevelopment.un.org/content/documents/3238summaryallowg.pdf>

## Health targets and their HIV-specific sub-targets

We believe that each country should implement the post-2015 Development Framework through the adoption of country-specific targets and indicators adapted to their country’s disease burden and concentration among population groups. At the global level, we support an outcome-focused post-2015 health goal broken down into concrete and measurable UHC targets, outcome targets and human rights-related targets. We propose a number of specific HIV-sub targets under each of the health targets.

As rights-based organizations, we strongly support 100% or zero-based targets and oppose the use of partial targets such as 80% for universal health coverage because it is highly likely that the 20% without access will be the most marginalized and excluded.

## Universal health coverage targets

We support UHC as a key instrument for achieving health outcomes. UHC should be broken down into a) access to health services and b) financial risk protection targets. We agree with the access target as formulated in the SDSN Action Agenda for Sustainable Development<sup>9</sup>:

**TARGET a: Ensure universal access to primary health care that includes sexual and reproductive health care, family planning, routine immunizations, and the prevention and treatment of communicable and non-communicable diseases.**

Under this we propose specific access-related sub-targets for HIV:

- **By 2030, 100% of people living with and affected by HIV have access to quality HIV prevention, treatment and care services.**
- **By 2030, 100% of people living with and affected by HIV have access to comprehensive sexual and reproductive health, maternal, new-born and child health and family planning services.**

With regard to financial risk protection, we support the target proposed by the WHO and World Bank in their discussion paper on monitoring UHC<sup>10</sup>:

**TARGET b: By 2030, everyone (100%) has coverage to protect them from financial risk, so that no one is pushed into poverty or kept in poverty because of expenditure on health services.<sup>11</sup>**

Financial risk and social protection measures are critically important to people living with and affected by HIV. HIV-affected families in developing countries often experience a heavy financial burden and may accumulate debt to pay medical fees or to care for children orphaned by AIDS. They may also lose income or earning potential as a result of AIDS related illness or because family members may have to give up work

9. Open Working Group of the General Assembly on Sustainable Development Goals, Progress Report March 2014, <http://sustainabledevelopment.un.org/content/documents/3238summaryallowg.pdf>

10. World Health Organization and The World Bank, Monitoring Progress towards Universal Health Coverage at Country and Global Levels: A Framework, Joint WHO/World Bank Group Discussion Paper December 2013, [http://www.who.int/healthinfo/country\\_monitoring\\_evaluation/UHC\\_WBG\\_DiscussionPaper\\_Dec2013.pdf](http://www.who.int/healthinfo/country_monitoring_evaluation/UHC_WBG_DiscussionPaper_Dec2013.pdf)

11. To strengthen domestic financing of national goods and services, including social protection, countries should acknowledge and discharge their primary responsibility for meeting domestic health needs and the associated targets of spending, mobilize more resources through taxation and other means while reducing out-of-pocket payments, in particular for the poor.



or school in order to care for their relatives. At the same time, stigma and discrimination can prevent them from securing or maintaining employment and pension and insurance schemes may exclude them or fail to provide adequate benefits in the face of early illness or death. In order to address these challenges there is a need for a specific sub-target related to HIV-sensitive financial and social protection:

By 2030, every person living with or affected by HIV has access to HIV-sensitive financial risk and social protection including care and support, comprehensive health and other insurance, pension schemes, income generation activities, legal assistance and nutrition.

Outcome targets

In addition to securing progress on UHC, the post-2015 health targets must aim for the elimination of HIV-related morbidity and mortality through strong outcome targets. Outcome targets should also account for the social determinants of health, as health outcomes cannot be improved through health service delivery and financing alone. For the health outcome target we propose a combination of the outcome targets suggested by the UN Secretary General’s High Level Panel on post-2015<sup>12</sup> and by the SDSN<sup>13</sup>:

TARGET c: End preventable newborn and child deaths, maternal mortality, and preventable morbidity from communicable and non-communicable diseases.

Under this, we propose the following sub-targets for HIV, in line with UNAIDS proposals<sup>14</sup>:

- By 2030, there are zero new HIV infections, both through sexual transmission and drug use
- By 2030, there are zero AIDS-related deaths

Human rights-related targets

The post-2015 health goal should include human rights-related targets. Persisting inequalities in terms of access to quality health services have been a major obstacle to achieving the health MDGs. Globally we are witnessing increasing moves towards criminalisation and discrimination against men who have sex with men, sex workers, people who use drugs and transgender people, which are harmful both for human rights and public health. A target addressing human rights under the post-2015 health goal could be:

TARGET d: By 2030, 100 % of countries have incorporated the right to health in their Constitutions and eliminated all discriminatory laws which pose a barrier to realising this constitutional right.

An HIV-specific sub-target could be formulated as:

By 2030, ensure that no one is denied health care, including HIV prevention, treatment, care and support and sexual and reproductive health care, due to their HIV status, sexual orientation, gender identity or any other status.

12. High-Level Panel of Eminent Persons on the post-2015 Development Agenda, A new Global Partnership: Eradicate Poverty and Transform Economies through Sustainable Development, United Nations, 2013, <http://www.post2015hlp.org/wp-content/uploads/2013/05/UN-Report.pdf>  
13. Sustainable Development Solutions Network, Action Agenda for Sustainable Development, October 2013, <http://unsdsn.org/wp-content/uploads/2014/02/An-Action-Agenda-for-Sustainable-Development.pdf>  
14. UNAIDS Programme Coordination Board, Update on the AIDS Response in the post-2015 Development Agenda, UNAIDS/PCB Thirty-Third meeting, December 2013, [http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2013/pcb33/agendaitems/20131113\\_AIDS%20update%20in%20post%202015.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2013/pcb33/agendaitems/20131113_AIDS%20update%20in%20post%202015.pdf)

2. Our analysis on UHC and key populations

While there is broad acceptance that the vision of UHC must be progressively realised, this presents significant concerns for the HIV community, particularly around whether essential but higher cost HIV interventions will be included in the UHC services package and around the extent to which marginalized and excluded people will receive the services they need. The success of UHC must be measured not just by the robustness of the health system, but by a country’s ability to improve health outcomes and to meet the needs of marginalized populations. Indeed, a recent report by the Rockefeller Foundation, Save the Children and UNICEF<sup>15</sup> notes that UHC policies that do not prioritize reducing inequities from the start could actually exacerbate marginalisation. The report argues that countries must start with the most excluded and aim to accelerate the pace at which they attain the same standards of health enjoyed by more privileged people. It also highlights tackling non-monetary barriers to access, such as criminalization of men who have sex with men, as critical alongside financial barriers.

Equity is crucial to making further progress on preventing HIV infections and bringing an end to AIDS. A commitment to equity should be at the heart of the UHC agenda and of the post-2015 Development Framework more broadly, in line with the UN Secretary General’s High Level Panel commitment to ‘leave no one behind’.<sup>16</sup>

A pro-equity approach

We fully support the following proposals put forward by the UN Technical Support Team to the Open Working Group on Sustainable Development to address inequalities in the post-2015 agenda<sup>17</sup>:

- Setting targets to reduce equity gaps: these should be set so that inequalities are progressively reduced and minimum standards raised, rather than leaving the hardest to reach groups until the end.
- Disaggregating data both for indicators on access (e.g. to health care services), and on outcomes (e.g. healthy life expectancy) is essential.
- Including a self-standing goal on reducing inequalities in the framework, which could include a focus on both income inequality and other forms of marginalisation, alongside addressing discriminatory laws and practices.

15. Rockefeller Foundation, Save the Children, UNICEF and WHO, Universal Health Coverage: A Commitment to Close the Gap, September 2013, <http://www.rockefellerfoundation.org/uploads/files/57e8a407-b2fc-4a68-95db-b6da680d8b1f.pdf>  
16. High-Level Panel of Eminent Persons on the post-2015 Development Agenda, A new Global Partnership: Eradicate Poverty and Transform Economies through Sustainable Development, United Nations, 2013, <http://www.post2015hlp.org/wp-content/uploads/2013/05/UN-Report.pdf>  
17. UN Technical Support Team, TST Issues Brief: Promoting Equality, including Social Equality, February 2014, [http://sustainabledevelopment.un.org/content/documents/2406TST%20Issues%20Brief%20on%20Promoting%20Equality\\_FINAL.pdf](http://sustainabledevelopment.un.org/content/documents/2406TST%20Issues%20Brief%20on%20Promoting%20Equality_FINAL.pdf)



Measuring UHC

UHC is achieved when everyone in a population is covered for all of their basic health needs, regardless of age, sex, ethnicity, geography, disability, profession, substance use behaviour, sexual orientation or gender identity. We are concerned that the WHO and World Bank’s proposed global monitoring target to measure equity in UHC only refers to disaggregation of data by income quintile and does not include other factors of inequity and marginalization, including ethnicity, disease status, age, gender, profession, geography, disability, sexual orientation or gender identity.<sup>18</sup> We believe that UHC should be implemented in ways that focus on reaching excluded groups and that UHC and other targets should go beyond economic disparities. Indeed we argue that for all diseases, progress should be tracked by measuring coverage of both treatment and prevention services among the population groups most affected in each country, based on a WHO verified burden of disease and UNAIDS data on the risk of HIV infection by country and population group. There is a need to strengthen evidence-based research and data collection to cover important gaps, as part of the wider “data revolution” proposed by the UN Secretary General’s High Level Panel. In the case of key populations whose existence is denied or criminalized in many countries, data collection should be done according to fully consultative and representative processes based on global human rights standards.

Civil society engagement and GIPA - best practices in the HIV response

Lessons learned from the HIV response demonstrate the vital role that civil society and communities play in ensuring that the voices of the most marginalized are heard and that their needs are addressed. In its issue brief on UHC in the post-2015 Development Agenda, UNDP recommends the principle of greater involvement of people living with HIV and AIDS (GIPA)<sup>19</sup> as a starting point for strengthening participation of people living with HIV and key populations in measuring progress towards UHC. Other mechanisms, such as the country coordinating mechanism of the Global Fund to Fight AIDS, TB and Malaria, the UNAIDS guidelines for monitoring the 2011 Political Declaration on HIV/AIDS (which include civil society shadow reports) and the principles and national oversight recommendation of the WHO Commission on Information and Accountability for Women’s and Children’s Health<sup>20</sup> could also be further strengthened and applied to the post-2015 framework.

3. Key overarching principles

Finally, we recommend a number of overarching principles which should both sit within new post-2015 goals and cut across the entire framework:

- Human rights should be at the core of the new framework and combating stigma and discrimination should be a key priority.
- Equity and equality, including gender equality and gender-transformative approaches, should have a standalone goal and also be cross-cutting.
- Greater support for community mobilisation and community systems strengthening will be needed to ensure that civil society and communities can hold governments and donors accountable for achieving the health goal and other post-2015 commitments.
- Inter-linkages between all goals, including through shared targets, to acknowledge that all sectors of development are linked. For example, progress on HIV is dependent on education, poverty reduction, gender equality and other sectors.

18. World Health Organization and The World Bank, Monitoring Progress towards Universal Health Coverage at Country and Global Levels: A Framework, Joint WHO/World Bank Group Discussion Paper December 2013

19. The GIPA principle was declared at the Paris AIDS Summit in 1994. It affirms that people living with HIV should be fully involved in policy development and implementation (see: <http://www.unaids.org/en/resources/presscentre/featurestories/2007/march/20070330gipapolicybrief/>)

20. Recommendation 7 – National oversight: By 2012, all countries have established national accountability mechanisms that are transparent, that are inclusive of all stakeholders, and that recommend remedial action, as required. (See: Commission on Information and Accountability for Women’s and Children’s Health, Keeping Promises, Measuring Results, WHO 2013, [http://www.everywomaneverychild.org/images/content/files/accountability\\_commission/final\\_report/Final\\_EN\\_Web.pdf](http://www.everywomaneverychild.org/images/content/files/accountability_commission/final_report/Final_EN_Web.pdf))





## Our position and recommendations

- 1.) The post-2015 health goal should be outcome-focused, addressing universal health coverage and access, the unfinished business of the MDGs, health outcomes, the social determinants of health and the structural drivers of inequality. We would support an outcome-focused goal formulated as:  
**Achieve health and wellbeing at all ages.**
- 2.) Progress towards the health goal should be measured through concrete (100%/zero based where possible) targets related to access, financial risk protection, health outcomes, and human rights, with specific sub-targets for HIV and key populations. We propose the following health and human rights-related targets:
  - a. **Ensure universal access to primary health care that includes sexual and reproductive health care, family planning, routine immunizations, and the prevention and treatment of communicable and non-communicable diseases.**
  - b. **By 2030, everyone (100%) has coverage to protect them from financial risk, so that no one is pushed into poverty or kept in poverty because of expenditure on health services.**
  - c. **End preventable newborn and child deaths, maternal mortality, and preventable morbidity from communicable and non-communicable diseases.**
  - d. **By 2030, 100% of countries have incorporated the right to health in their Constitutions and eliminated all discriminatory laws that pose a barrier to realising this constitutional right.**

In addition we advocate for:

The post-2015 goals, targets, and principles to be designed in ways that focus on reaching excluded groups, and progress is tracked by measuring health services coverage and health outcomes among each population group most affected by a specific disease, including HIV, in each country, based on a WHO verified burden of disease and UNAIDS data on the risk of HIV infection by country and population group.

The GIPA principle to be adopted as a key accountability mechanism to measure progress towards universal health coverage and the post-2015 health goal.

- 3.) Key overarching principles for the post-2015 Development Framework should include:
  - **Human rights should be at the core of the new framework and combating stigma and discrimination should be a key priority.**
  - **Equity and equality, including gender equality and gender-transformative approaches, should have a standalone goal and also be cross-cutting.**
  - **Greater support for community mobilisation and community systems strengthening will be needed to ensure that civil society and communities can hold governments and donors accountable for achieving the health goal and other post-2015 commitments.**
  - **Inter-linkages between all goals, including through shared targets, to acknowledge that all sectors of development are linked. For example, progress on HIV is dependent on education, poverty reduction, gender equality and other sectors.**