Policy Statement on the Post-2015 Agenda

Proposed by the Post-2015 National Working Group at SGA13, Sheffield
Revised Policy Statement adopted at SGA14, York

Summary

The Millennium Development Goals are approaching their deadline and the international community is turning to what should be done once the Jan 2015 deadline is reached. Should we continue any of the MDGs that aren't fully achieved? What should be the focus of the agenda? The world is very different to when the Millennium Declaration was signed by the UN in 2000. So what is Medsin-UKs view on the agenda? What do we think should be included?

Related Policy Statements

1. Child Health
2. Economic Governance
3. Maternal Health
4. Mental Health
5. Non-Communicable diseases
6. The Millennium Development goals
7. Water and Sanitation

Introduction and Background

The Millennium Development Goals (MDGs) are a set of 8 themes that have specific targets that the countries of the world should meet by January 2015. Between them, the MDGs aim to tackle many of the problems that face countries around the world from halving the number of people that live on less than $1.25 a day to doubling the number of people with access to clean water and sanitation.

In the latter half of 2012, Ban-Ki Moon appointed a High Level Panel (HLP) of eminent persons to coordinate consultations on what should be put into the new agenda. Since then, there have been several meetings of the HLP which have brought forward several key points that are to go into the new agenda. Alongside this, the 'World we want' web platform and 'My World' survey have been created to facilitate dialogue between the UN, the HLP, major non-governmental organisations (NGOs), civil society organisations/charities (CSOs) and the general public. Within the World we Want platform, 11 separate consultations have been coordinated to organise the main discussion points of the agenda and include themes such as population dynamics, health, water, governance and conflict amongst others. This policy statement outlines some of the major points that have already been agreed from these consultations and the ones that Medsin-UK should support.

A process that has come to eclipse the HLP process has been the Open Working Group on sustainable development (OWG). This OWG was set up in the first couple of months of 2013 as an outcome from the Rio+20 Outcome document "The Future We Want." At the time of this revised Policy Statement (April 2014), 10 meetings of the OWG have taken place and conducted discussions on a vast range of different topics from health to the environment to economics to urbanisation and the place of science and technology in the Sustainable Development Goals (SDGs). These SDGs will be the main thrust of the Post-2015 effort and there are just a couple of high level meetings between now and the next major stage of the drafting of the Post-2015 Development Agenda in September.

Medsin-UK already has a policy statement on the MDGs which describes the stance that the network has on the goals. Yet with 2015 fast approaching the international community is looking to what

should be done then. It is right that Medsin-UK should do so which is why a new National Working Group has been created. This policy statement is a guide for members of the network to use to guide policy and lobbying whilst at national and international meetings.

Main Text

The following are a set of principles that are at the minute being considered as some of the main aspects to the agenda.

Universal Health Coverage

Universal Health Coverage (UHC) is the system of healthcare provision that the National Health Service (NHS) here in the UK is based upon. In its simplest terms it is the basis that healthcare should be provided to all of the citizens of a country in the spirit of Article 25 of the Universal Declaration of Human Rights of 1948. UHC is currently employed in many European countries in addition to places such as Japan, Canada and Australia. Other countries such as Brazil and the USA have made attempts at achieving UHC but have yet to accomplish this goal. UHC is funded in different ways in different countries be it through taxes like in the UK or by other means.

In the context of the post-2015 agenda, UHC is being considered as a vehicle for achieving proper healthcare to people across the world and is being considered as one of the key aspects of the Health Goal. It is thought that UHC should be attempted to be achieved in most UN countries, as was intended in the UN Declaration of rights all those years ago. As an indicator, it will force people to put metrics around it- sharpens focus on it and the various roles people have in relation to it. More than that, UHC "offers a way of sustaining gains and protecting investments in the current set of health-related MDGs – providing a vehicle for sustained technical and financial support after 2015." *(WHO, 2012)*

As of April 2014, it is thought that UHC will become one focus of the Health SDG thanks to the efforts of the WHO. Whilst we actively support this move, we feel it is important to emphasise that other dimensions of health including Mental Health, Non-communicable diseases (NCDs) and Neglected Tropical Diseases should not be left behind in the work of the UN over the next 15 years.

Medsin-UKs stance on UHC: we actively support the inclusion of UHC in the new post-2015 agenda and think that it is an outcome that if posed in the correct way is certainly achievable both in Less developed countries (LDCs) and More Developed countries (MDCs). ==We also note with concern that==

Medsin-UK calls upon:
1. the UN to ensure inclusion of UHC as a universal target for health in the writing of the final agenda.

2. for civil society groups to continue to ensure that focus on certain areas of health are not left behind if UHC is given the main focus to the Health goal

3. The various agencies of the UN work together with Civil Society to ensure an effective strategy is devised to ensure UHC is achievable within the timeframe set for the next development agenda

Medsin-UK commits to:
1. Working with other Youth Organisations to ensure that UHC is remains a focus for the Health Goal Post-2015

2. To continue to educate its members to what UHC is and ensure out members can be effective advocactes for UHC's inclusion

3. To engage with the UK government to help ensure the UK becomes a much stronger advocate for universal access to healthcare services

Non-Communicable Diseases and Mental Health

Non-communicable diseases (NCDs) are a set of conditions that encompass everything from Cardiovascular disease to cancer and from respiratory diseases to diabetes. They cause more deaths per year than all of the communicable diseases combined in every country currently except sub-Saharan Africa. According to the WHO itself based on figures collated globally for 2008, NCDs accounted for over twice as many deaths when compared to communicable diseases and in fact account for 80% of deaths in developed countries. This figure is astounding and shows how a new global movement towards the NCDs could mean benefits not just for developing countries (where the focus of the health MDGs predominately lie) but in the western and developed world where the NCDs are having the greatest effect.

Yet whilst the bare figures for the incidence and prevalence of NCDs is astounding in itself, the economic considerations of trying to cope with this 'burden' as quoted in much of the literature is equally shocking. A report by the World Economic Forum and the Harvard School of Public Health quoted a figure of 13.3million new cases of cancer identified globally in 2010 equating to a cost of over $290 billion USD. Furthermore, projected estimates give the cost of another NCD, cardiovascular disease, to reach over $1004 billion USD by 2030. This cost includes not only the direct cost of healthcare but the disability incurred by such illness. Granted, the figures reported by the study do state that these costs are mainly carried by developed countries yet it is important to see how working towards solving these health problems would translate benefit to the economic problems seen globally today as well.

So whilst we have now quoted these figures and shown you the cost, how do we go about tackling these NCDs? The answer lies in the 'causes of the causes.' There are several modifiable factors in lifestyle that can be changed through global targets and which can have a meaningful effect on reducing the burden of NCDs. These factors lie predominantly with two giants of the global economy- tobacco and alcohol. The role of these two factors within the global NCD epidemics is complex yet with almost 20% of all Disability Adjusted Life Years (DALYs) accounted for by these two factors alone, it is easy to see how affecting policy on these two issues could improve people's lives. Already there has been talk of addressing the harmful use of alcohol not least by the UN at the 2011 High Level Meeting on the Prevention and Control of Non-Communicable Diseases. The report from the meeting outlined some key population wide actions that could easily help to reduce both the economic and health burden created by alcohol including not exclusively raising taxes on alcohol and enforcing bans on alcohol advertising. Likewise, for smoking numerous simple interventions that can be implemented at a population level across different countries have been suggested in consultations including the 'MPOWER package' produced by the WHO in 2008 that include raising taxes on cigarettes, forcing advertising bans, enforcing bans on smoking in public places and including stringent rules for cigarette packaging. These interventions have good evidence base and if more widely implemented in a context such as this agenda could do wonders in reducing the burden of NCDs.

Medsin-UKs stance on NCDs and mental health: Medsin-UK-UK-UK supports work towards reducing the global burden of NCDs in the new development agenda as several easy but effective preventative strategies can be implemented separately or as part of the goal on UHC. It is also a goal that can be acted on both in LDCs and MDCs as it incorporates one of the key aspects on the new agenda, universality. Furthermore, the mental health wellbeing of populations across the world need to be considered an important indicator of the success of different strategies implemented across the entire

agenda, not just that of health.

Medsin-UK Calls on:

- The UN to be mindful of the WHO's Mental Health Action Plan 2013-2020 when writing policies on health post-2015 <mark>to ensure th</mark>

- For Civil Society organisations to utilise simple mental health indicators as a way of monitoring the success of the various interventions brought about by the post-2015 development agenda

Medsin-UK commits to:

- The post-2015 NWG and NCD NWG working together to feed into key consultations that are ongoing regarding NCDs in health post-2015.

- Medsin-UK should externally work with NGOs such as the NCD alliance to feed into discussions of NCD preventative strategies post-2015

- Medsin-UK to continue to be strong advocates of positive mental health and educate our members about the importance of it in international development

The place of the environment and other social determinants of health in the Sustainable Development Goals

With the 7th MDG on the environment, health has been separated from sustainable development when in fact they are inextricably linked. Furthermore, we are unlikely to succeed in tackling the persisting inequalities in wealth and health within and between countries without tackling the 'causes of the causes' of both poor health and unsustainable development. The poorest and most vulnerable populations will be the most affected by climate change and have the least capacity for adaptation.

Therefore, addressing the economic and social factors that cause such inequalities is vital to progress in both health and sustainability.

Global environmental changes are likely to have significant impacts on health through a variety of mechanisms. These may be direct, such as air pollution, extreme weather events and changing distribution of infectious disease; or indirect, through food insecurity, depletion of freshwater resources and the effects of migration and conflict. Equally, if not more importantly, policies to mitigate climate change are likely to have significant health co-benefits, through increased active travel, reduced consumption of animal products and reduced road traffic accidents. Historically, public health has been more concerned with immediate physical environmental threats, such as toxic waste and local air pollution. However, we need to realise that the greatest environmental threats come from global processes and in a globalised world the actions of populations have global consequences.

The new development agenda must include integrated measures of health and environmental sustainability as indicators of progress, with the recognition that economic progress alone is not a sufficient marker of sustainable development. Indeed, nations can make apparent progress towards targets without improving the health of their most disadvantaged populations and such progress may come at considerable environmental cost. However, it is important not to forget the responsibility of high-income nations in promoting global sustainable development, as they have they have the largest environmental impact and hold the most power. All governments and international agencies should introduce health and environmental impact assessments in policy-making across departments, with a particular focus on reducing inequalities. These should also consider the global impact of national policies, for example on the health of overseas workers and the carbon emissions embedded in

imports from developing nation.

Medsin-UKs stance on combatting climate change in the SDGs: Medsin-UK believes that the post-2015 development agenda should be integrated with the Sustainable Development Goals developed following the Rio+20 summit and the work of the Open Working Group on sustainability. With natural disasters happening more and more frequently, disaster risk management must be given some focus in climate strategies post-2015 either in the environment goal or in another suitable place. Climate change and health are inextricably linked and without proper focus on reducing our carbon emissions our health as well as our environment will change dramatically.

Medsin-UK commits to:
- Medsin-UK and its activities should focus on contributing to the Open Working Group on sustainable developments work and ensuring that the climate and environment are given consideration when devising strategies on improving health and combating natural disasters.

Medsin-UK and its associated activities such as Healthy Planet-UK should continue to:
- influence major policy through conferences/organisations such as COP and the IPCC and try to integrate strategies into the sustainable development agenda

- educate its members about the role of the environment in wider development strategies and how to

Medsin-UK Calls upon:
- The governments of the world to reaffirm their commitment to targets regarding reducing carbon emissions and increasing work towards finding renewable and sustainable sources of energy

- For Civil Society to reaffirm its commitment to holding our governments to account regarding the inclusion and achievement of climate goals in the SDGs

Partnerships and the overall agenda

Interaction between the public and the panel putting together the final report to the UN and the new agenda itself has been a key feature since July 2012. It is important that this dialogue continues throughout the writing of the agenda and in fact written INTO the agenda itself. A key aspect to the success of the SDGs will be that the targets of the new agenda will need not only governmental legislation and raw aid but the partnership of NGOs and CSOs.

Furthermore, there need to be few points to the new agenda so that it is both sustainable and achievable. For example, the mere fact there have been 11 consultations and numerous levels of dialogue is that there is a danger that the new agenda could become overly complex and encompass too many different goals. This could mean that the same problems that the MDGs faced could be repeated in this new policy in that the agenda could set out to achieve too many different goals and be plagued with having too complex goals.

Despite having many successes, the MDGs have a lot of drawbacks and these need to be considered when writing the new agenda. For example, the 'tyranny of the averages' is a phrase that is used a lot when describing one of the key failings of the MDGs, that the targets were not objective enough and only tried to achieve relative not absolute levels of health equity. The new agenda needs to take into consideration the fact that targets will be more amenable to countries if they are phrased in the correct manner and are objective enough to be dealt with by, again, both governments and civil society.

Finally, a new sustainable development agenda needs a new strategy of implementation. We are concerned that the Private Sector will be given a seat at the decision making table and included in strategies to implement the SDGs. Recent on Trade Agreements such as TTP and TTIP show worrying signs of how private industry could stifle sustainable and effective development across the world.

Venturing into development with private industry needs careful consideration to ensure the health of populations is put before profits.

Medsin-UKs stance on learning from the MDGs: we believe that lessons need to be heeded from the MDGs and that they should not be abandoned and left on a shelf. Furthermore, a key aspect to the new agenda is that a partnership between the civil society and the UN needs to be brokered at every stage of the process both before and after the agenda is agreed as in many respects it is through NGOs and CSOs that the targets will be achieved. We also cautiously support partnerships being made between different sections of the economy as long as those partnerships are mutually benficial and uphold ethical standards.

Finally, the final agenda must be a succinct and all inclusive set of goals and targets that tackle a wide range of development issues whilst still allowing different nations to work towards targets suited to their population.

Medsin-UK commits to:
- Educating its members about the positive impact the MDGs have had as well as their failings.

- To campaign against unethical trade agreements and ensure the SDGs are devoid of unilateral and unethical agreements between governments

- To promoting open access and open innovation in science and technology in the strategies regarding Means of Implementation within the SDGs

Medsin-UK calls upon:
- The UN and its agencies to continue to outreach to civil society organisations, particularly youth organisations as well as ensure partnerships agreed upon are fair and equitable

- For civil society to unite on campaigns of mutual interest regarding the Sustainable development agenda and to reaffirm commitments to be key stakeholders in monitoring, evaluation and accountability mechanisms for the new SDGs.

Our Voice in the Sustainable Development Agenda

One final area to the Post-2015 Development Agenda that needs to be kept in mind is strategies regarding youth policy and youth representation at the highest levels of international diplomacy. IN the last few years, strategies such as the UN Youth Delegate Programme have allowed for a young person to represent youth in their country at these high level meetings.

However, this is not carried out uniformly across the world (including in the UK where no such programme exists) resulting in youth issues being brought to the attention of decision makers only by those motivated enough to do so through channels such as the Major Group for Children and Youth or International Organisations such as the IFMSA.

We can play our role by engaging with our own civil society networks to form new coalitions that can work towards achieving sustainable and inclusive strategies for youth representation that extend far beyond the limit of 18 years old as many national youth councils across the world adhere to.

Medsin-UK commits to:

- Engaging with youth civil society organisations in the UK and beyond to create effective strategies for feeding in policy to the UK government amongst others

- Share with its members resources regarding how to engage with the national youth council and international forums such as MGCY

- Educate its members about current tracks for the youth voice to be heard post-2015.

- Promoting opportunities to apply to attend high level meetings regarding young people and international development and delegations of young people from organisations such as the IFMSA.

Medsin-UK calls upon:

- The UK government and governments across the world to facilitate more open forums between national youth councils and other important youth civil society organisation on topics concerning international development and ensure that the concerns of young people are included in policies brought forward to forums such as the UN and its agencies.

Main Recommendations

Some of the other key recommendations to be taken from this statement.

Medsin-UK commits to:

1. Feeding into the 11 thematic consultations of the UN on the World We Want website (www.worldwewant2015.org) and make its voice heard at different levels of the consultation process (both online and in person at meetings such as the OWG on SD and UN General Assembly).

2. Educating and inspiring the members of the branches around the country to become informed on the post-2015 agenda to allow more voices to be added consultations such as the My World survey (www.myworld2015.org) being coordinated by the UN.

3. Getting the different topic-Specific NWGs should work together and with other key NGOs to

4. feed into key policy documents being put forward to the UN when the writing of the new agenda comes around.

5. Working particularly hard to support key ideals of the new agenda that include UHC, partnership and environmental sustainability.

6. Lobbying the UK government to ensure that the voices of people from around the country are listened to in the inter-governmental processes being undertaken in the next stage of the writing of the post 2015 agenda especially those of young people and marginalised groups.

7. Acting on the messages contained within the International Federation of Medical Student Associations (IFMSA) Hammamet Declaration on Health in the post-2015 development agenda and the calls to action contained within the official policy statement agreed at March Meeting 2014.

8. Revising this policy statement at least once every 2 general assemblies so it is up-to-date with the latest information and actions.

Medsin-UK calls upon:

1. The UK government to be a much stronger advocate for issues surrounding UHC, youth empowerment in international development and climate change amongst its other policies

2. The youth Civil Society movement to engage with Medsin-UK with working towards achieveing sustainable youth involvement in the creation of UK policies regarding development and for youth representation from the UK to be at all levels of UN meetings and its agencies

3. The entire Civil Society movement to become more united in its messages to the UN and coordinate better on campaigns regarding the inclusion or exclusion of a certain topic in the SDGs

4. Civil society and governments alike to keep momentum on achieving the Millennium Development Goals right up to the 2015 deadline and beyond to ensure that noone is left behind

The Post-2015 NWG wishes to emphasise that a policy statement such as this *cannot* contain stances on every aspect to the post-2015 agenda within it but welcomes engagement from stakeholders from throughout the Medsin network to write other Policy Statements on other aspects to International Development in the SDGs AS LONG as it does not conflict or undermine the statements and positions held within this document. We welcome your input nonetheless.

This statement is aimed to both inform general members and key figures in the network and bring the post-2015 agenda to the forefront of the networks minds. If you would like to see our stance on the post-2015 agenda include other topics surrounding health or development please do not hesitate to contact us. For more information and any questions contact Nathan Cantley at post2015@Medsin.org.

References

1. World We Want Platform- accessed March 2013- www.worldwewant2015.org

2. My World 2015 survey- accessed March 2013- www.myworld2015.org

3. Civil Society Call to action on Universal Health Coverage- Action for Global Health- accessed March 2013- http://www.actionforglobalhealth.eu/fileadmin/AfGH_Intranet/AFGH/Publications/UHC/UHC_Call_to_Action_eng2.pdf

4. Positioning Health in the Post-2015 Development Agenda- WHO discussion paper-. October 2012- http://www.who.int/topics/millennium_development_goals/post2015/WHOdiscussionpaper_October2012.pdf

5. Medsin-UK's submission to the 24 Framing questions posed by the UN High Level Panel. Created January 2012. Available at: https://docs.google.com/document/d/1i9ys9j8StQXOk3u8/editgiJgQTGgQm1kbMunwsmP2x64H

6. Medsin-UK's submission to the Health consultation for the Post-2015 agenda. https://docs.google.com/file/d/0Byls_EwWdzHIRG1WbzlURkdjb1E/edit?usp=sharing

7. Sachs JD. From Millennium Development Goals to Sustainable Development Goals. Sachs, J [Internet]. ELSEVIER SCIENCE INC; 2012 [cited 2012 Dec 8];379(9832):2206–11. Available from:

Medsin-UK Policy and Guidance Statements, December 2015

http://apps.webofknowledge.com/full_record.do?product=UA&search_mode=General Search&qid=36&SID=R2h11E2Fk@n8hdIJLN4&page=1&doc=10

8. CSDH. Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organisation; 2008.

9. United Nations. Implementing the Millennium Development Goals : Health Inequality and the Role of. New York; 2009.

10. World Health Organisation. Global burden of mental disorders and the need for a comprehensive , coordinated response from health and social sectors at the country level. 2012.

11. Saraceno B, Van Ommeren M, Batniji R, Cohen A, Gureje O, Mahoney J, et al. Barriers to improvement of mental health services in low-income and middle-income countries. Lancet [Internet]. ELSEVIER SCIENCE INC; 2007 Sep 29 [cited 2012 Nov 13];370(9593):1164–74. Available from: http://apps.webofknowledge.com/full_record.do?product=UA&search_mode=General Search&qid=46&SID=R2h11E2Fk@n8hdIJLN4&page=1&doc=1

12. HM Government. No health without mental health. London; 2011.

13. Lund C, De Silva M, Plagerson S, Cooper S, Chisholm D, Das J, et al. Poverty and mental disorders: breaking the cycle in low-income and middle-income countries. Lancet [Internet]. ELSEVIER SCIENCE INC; 2011 Oct 22 [cited 2012 Nov 23];378(9801):1502–14. Available from: http://apps.webofknowledge.com/full_record.do?product=UA&search_mode=General Search&qid=54&SID=R2h11E2Fk@n8hdIJLN4&page=1&doc=1

14. Eaton J, McCay L, Semrau M, Chatterjee S, Baingana F, Araya R, et al. Scale up of services for mental health in low-income and middle-income countries. Lancet [Internet]. ELSEVIER SCIENCE INC; 2011 Oct 29 [cited 2012 Nov 6];378(9802):1592–603. Available from: http://apps.webofknowledge.com/full_record.do?product=UA&search_mode=General Search&qid=52&SID=R2h11E2Fk@n8hdIJLN4&page=1&doc=2

15. United Nations, Department of Economic and Social Affairs, Population Division (2012). Changing Levels and Trends in Mortality: the role of patterns of death by cause (United Nations publication, ST/ESA/SER.A/318)

16. Bloom, D.E., Cafiero, E.T., Jané-Llopis, E., Abrahams-Gessel, S., Bloom, L.R., Fathima, S., Feigl,A.B., Gaziano, T., Mowafi, M., Pandya, A., Prettner, K., Rosenberg, L., Seligman, B., Stein, A.Z., & Weinstein, C. (2011).The Global Economic Burden of Noncommunicable Diseases. Geneva: World Economic Forum

17. United Nation's General Assembly 'Prevention and control of non-communicable diseases Report of the Secretary-General' 2011

Medsin-UK Policy and Guidance Statements, December 2015