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GLOBAL HEALTH, THE COMMONWEALTH AND THE POST 2015 HUMAN DEVELOPMENT AGENDA

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Executive Summary

This paper reviews the progress in global health and refers to some of the challenges that affect it such as governance issues and the need for partnerships of different kinds. There has been progress in that life expectancy continues to increase, but in spite of the continued presence of many communicable diseases, the non-communicable diseases (NCDs) have come to the fore in all but the poorest countries which must now deal with a double burden of disease. The Commonwealth has a tradition in health which can be the basis for continued involvement globally, especially at this time when there is debate and discussion on the nature of the successor arrangement to the Millennium Development Goals (MDGs). The nature of the Commonwealth, its history, its global reach and the strength of its convening power give it a prominent role in the international debates about the successor arrangement.

The background to the MDGs is reviewed and the results of their recent evaluation presented briefly. The results of the deliberations of the Thematic Group on Health in the post-2015 development agenda are described in some detail. At present there is consensus that the MDGs represented a successful attempt to establish a global development framework in which health figured prominently as in Goals 4, 5 and 6. However, with the expiration of the term of the MDGs the world, under the overarching health goal of "maximizing health at all stages of life" must still retain its focus on the unfinished agenda as far as the health MDGs are concerned but add NCDs as another major health goal. Universal Health Coverage is seen as essential to achieving all the health goals. In terms of the ongoing debate about the development agenda, the case is made for qualifying that terminology to make it a human development agenda.

The Commonwealth and its Secretariat with the necessary resources should be engaged in the discussion and debate on the nature of the health goals and targets to be established globally and a series of recommendations made that speak to how this might be optimized.

Health should remain as one of the Commonwealth's major spheres of action given its implication for achieving a healthy work force that is required to drive global health and development. The Commonwealth should utilize to the maximum its several advantages, including its capacity for high-level policy advocacy and the development of fruitful partnerships that will further the global health agenda.

Modification of the operation of the Commonwealth Advisory Committee on Health and harnessing to the maximum the expertise in the Commonwealth countries perhaps through virtual communication could contribute to ensuring the development of collective Commonwealth positions on the further development of the post 2015 Agenda.

The convening power of the Commonwealth and the rich family of Commonwealth Associations provide an excellent opportunity for garnering the support of sectors whose work impacts on health and therein seeding the importance of health in the post-2015 development agenda.

The meetings of the Commonwealth Ministers of Health "represent the Commonwealth at its best". Examination of the recent meetings shows the emphasis being given to the non-communicable diseases (NCDs) which have come to the fore as the dominant cause of mortality and morbidity globally. The Commonwealth should continue to place high importance on these meetings as a forum for developing collective policy positions on Commonwealth priorities and matters central to the global agenda, such as they have done recently with regard to NCDs.

The Commonwealth can exercise its technical and political expertise to further the new global post 2015 Development agenda, embracing the overarching goal of "Maximizing health at all stages of life" and advocating for the concept of a Human Development Agenda. These would include the following strategies:

(1) Contribute by facilitating 'soft power' inherent in the field of health.

(2) Fully utilise the strongest advisory and constituency mechanisms that the Commonwealth has at its disposal for making creditable impact on post 2015 Development Agenda-advocacy and partnerships.

(3) Optimise the meetings of Commonwealth Health Ministers.

Introduction

The purpose of this paper is to "review the progress made in achieving global goals for health, to identify key relevant issues and to recommend strategies to inform the post 2015 development framework". This is with particular reference to the Commonwealth, and on the basis of the analysis it will inter alia, "assess the lessons learned from the process for the development of the Millennium Development Goals and analyze how the Commonwealth Secretariat can use those lessons to influence and add value to the post 2015 debate". It would make recommendations to the Commonwealth and the Commonwealth Secretariat on future courses of action in this field especially with relation to the role to be played in shaping the global health aspect of the post 2015 human development agenda.

Outline of the Paper

Section 1 gives a brief outline of global health as it is presently conceived and some aspects of the progress that has been made. People are living longer and there are marked changes in the global pattern of disease. This section examines some of the governance issues that must be considered, emphasizing that health at the global level can only be addressed through international action. It refers to the growing importance of partnerships for global health and provides a taxonomic approach to facilitate understanding of the manner in which these should be understood.

Section 2 describes the background to involvement of the Commonwealth in global health. It refers to its comparative advantage in addressing global issues, partly because of its history, its diversity and the principles it adumbrates. It emphasizes the significance of the wide convening power of the Commonwealth and the wealth of agencies and associations which it might involve.

Section 3 describes the background to the Millennium Development Goals, how and why they were established, some of the criticisms and the successes. Reference is made to the recent evaluation of the degree to which the goals were met and the targets reached. It examines briefly the extent to which the Commonwealth has championed the MDGs and taken account of them.

Section 4 outlines the process of formulating the post 2015 Development Agenda, how it avoided the criticisms leveled at the method by which the MDGs were elaborated and the opportunities that exist for the Commonwealth to participate and influence the process.

Section 5 details the current position of health in the post 2015 Development Agenda, drawing heavily on the recently completed work of the Health Thematic Group.

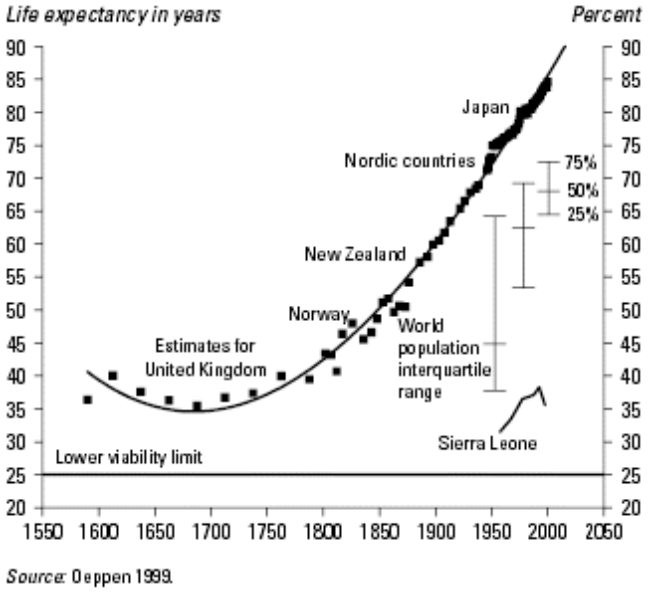
Section 6 provides an analysis of the dialogue and debate that must take place now, up to and continue after final elaboration of the goals and targets that will be established for the post-2015 Development Agenda, particularly those related to health.

Section 7 Outlines the possible roles the Commonwealth and its Secretariat might play. It sets out the comparative advantages of the Commonwealth in this phase and makes recommendations as to how it might best structure its work to impact on the international dialogue, providing tangible assistance for improving global health that will be the purpose of those health goals and targets that will be established.

1. Global health

1.1 ***Health status***. At the most elementary level, the notion of global health is one of improving the health status of the entire world's people, but the analysis and practice today must go further and embrace the challenge of reducing the egregious inequities between and within countries while appreciating the fundamental importance of the interdependence that characterizes the modern era. There is no doubt that the world has seen in the aggregate remarkable improvements in health due to advances in all the sciences that impinge on human biology and behavior and the ingenious technologies which have made the environment more propitious. One of the clearest examples of the improvement is the increase in life expectancy. Figure 1 shows the rapid increase in life expectancy which is representative of the global trend although it is specifically for Japanese women. It is not clear that the increase will stop although the rate of increase obviously has to slow.[1]

Figure 1.



(Courtesy of Professor Dean Jamison)

Life expectancy at birth for the world increased from 32 years to 66 years between 1990 and 2000. The causes of this improvement and that shown in Figure 1 are obviously not due to genetic or biological factors but are in the main due to technological progress and its diffusion[2]. Vaccines and antibiotics are the most notable of these technologies, but the list must include processes such as better diagnostic tools and better technologies for treatment, as is the case for modern surgery and the anesthesia that makes it possible.

The changes over the years have occurred as humans have experienced various transitions. The shifts in mortality and disease patterns have resulted in transition from the stage of pestilence and famine through that of receding pandemics to the current stage of degenerative and manmade diseases.[3] Table 1 shows the burden of disease between 1990 and 2000[4] and Table 2 shows the changes in the causes of death for the same period[5]. The communicable diseases are no longer dominant and it is the chronic non-communicable diseases (NCDs) that are of greatest importance as a cause of mortality and morbidity. This

is a scenario which will persist and there will be increasing dominance of the NCDs as populations age.

Table 1.

DALYS* (All Ages)
(Millions

	1990	2010
All causes	2,502.6	2,490.0
Communicable Diseases**	1,181.6	868.0
Non-communicable Diseases	1,075.3	1,343.7
Injuries	254.7	278.7

***DALYS Disability Adjusted Life Years for all ages and with sexes combined.**
**** Communicable Diseases – Communicable, maternal, neonatal and nutritional disorders.**

Table 2.

Deaths (All ages)
(Thousands)

	1990	2010	% Change
All causes	46,511.2	52,769.7	13.5
Communicable Diseases*	15,859.2	13,156.4	-17.0
Non-communicable Diseases	26,560.3	34,529.0	30.0
Injuries	4,091.7	5,073.3	26.0

***Communicable Diseases – Communicable, maternal, neonatal and nutritional disorders.**

1.2 ***Governance.*** There have been numerous descriptions and definitions of governance in relation to global health,[6 7 8] but here the reference is mainly to the pristine meaning of the term which is "a steering mechanism". In brief, the term as used here refers to the structures, processes and organizational approaches that are necessary to steer the world towards the improvement of health globally. In that context, the progress in global health can be examined in relation to the actions the world's countries have taken collectively to address their perception of the global health problems. Just in the past century we have seen approximately three phases in the approach to global health. In the beginning of the last century, driven mainly by concern for trade and commerce and the fear of contagion by the infectious diseases, mainly cholera, there were attempts by the international community to form institutions whose main approach was to keep the diseases out of their countries. Thus we saw international health conferences being convened, quarantine laws strengthened and organizations such as the Pan-American Health Organization formed.[9] Towards the middle

of the century, with better appreciation of the cause of disease, there was more attention to treating disease at source, and the World Health Organization (WHO) was established with a major remit for coordinating international health work.[10] There were impressive achievements as a result of coordinated effort and the most widely cited has been the elimination of small pox.[11] Toward the end of the last century however, perhaps a third phase could be described. There is still concern for disease prevention and control globally, but this phase is characterized by the increased number of health organizations putatively involved in global health and the remarkable change in the nature of the world's disease profile.

The plurality of institutions involved in global health has been a matter of constant preoccupation that has been sharpened by expressions of concern for the apparent diminution of the authority and coordinating capacity of the WHO which must be the prime international health organization. However, a basic thesis must be that if attention to health is to be truly global, then the only agencies that can effect such change are those with a genuine international form of action. They provide a forum for socializing governments into the collective action between and among nations that is the only mechanism for addressing health globally. In this sense it is doubtful that even the most powerful philanthropic institutions can actually direct and coordinate global action, although they may facilitate it. The debate which has relevance for the Commonwealth is whether, given the increasingly plural world, it will be possible to give non-government actors participation and voice in the intergovernmental councils which are the only ones that can have genuine global reach. The need for effective global governance becomes even more necessary with increasing globalization.

1.3 ***Sectoral interaction.*** The possibility of achieving global health goals depends in great measure on facilitating sectoral partnerships and making policies that are cross sectoral. The need for sectoral cooperation is mentioned with increasing frequency in documents that address global health issues[12] and indeed was one of the cornerstones of "Health for All".[13] There has been an attempt recently to define a taxonomy of sectoral cooperation that views sectoral relations as a form of partnership[14]. There are multisectoral and intersectoral forms of cooperation. [15] Multisectoral cooperation occurs with interaction of sectors within the governments and their agencies. The inherent difficulty in getting government sectors/ministries to cooperate for the implementation of a health program is well known, and can best be accomplished by the specific intervention of the hierarchical level of government above the sectoral ministry or agency, as non-health sectors have no intrinsic or parochial interest in promoting health enhancing actions. Health impact assessment has proven to be a useful tool to determine ex ante the possible health impact of action by a traditionally non-health sector.[16] [17] In contrast, intersectoral cooperation implies cooperation among the various sectors of the state or of society, the principal ones being the public sector or the government, the private sector and civil society in its many forms. Cooperation between the public sector and civil society is becoming more common, as there are increasing numbers of programs or projects whose execution exceeds the capacity of the public sector which is increasingly being faced with the dilemma of whether to provide services directly or purchase them. There has been phenomenal growth in the area of public/private partnerships and many of these have been focused on the development of new medicines and technologies for health. It is these that have more relevance for global health. Some of these involved in such areas as development of new tools and processes have performed brilliantly. However, there is much debate as to whether there can be public/private partnerships in global health when one of the putative partners is engaged in product production that is inimical to health generally. The case is clear for tobacco, but less clear for several other industries. One view

is that there can be no cooperation in these cases and the role of the government is regulation, or legislation to control them[18].

2. Rationale for Commonwealth involvement in the post-2015 development Agenda

The Commonwealth is a unique, genuinely international organization. It has no formal treaty, but its nations are bound together by a shared history and tradition and a set of shared values and principles. It prides itself on its diversity and believes that strength lies in the voluntary nature of the association of sovereign states. The Commonwealth has a long and distinguished history of health action and health and human development have been priority areas for Commonwealth governments since 1965, when Ministers first met in Edinburgh for the inaugural Commonwealth Health Ministers Meeting (CHMM) and Commonwealth Medical Conference.[19] All of the core values which were re-enunciated in Port of Spain on the occasion of the 60th anniversary year of the modern Commonwealth have some relevance to global health, but some more so than others.[20] Access to health and education is obviously one of these values, but others such as human rights, democracy, and gender equality all have bearing on health. The issue of gender is becoming increasingly central to health generally. Much attention has rightly been given to the health problems of women-particularly maternal mortality and female cancers. However there is more scrutiny now on the health consequences of gender as a social construct. There is the view that global health will not be achieved without concern for the gender dimension. "Health degendered is health denied"[21]locally as well as globally.

Development is mentioned as a core value and embraces both economic and social transformation with a view to eliminating poverty and seeking to remove disparities, all of which echoes the definition of global health as not only improving health, but also reducing inequity. This development has been guided recently by the Millennium Development Goals. It is of interest that the importance of civil society is mentioned as one of the values, as it has become clearer that civil society as a key actor in inter-sectoral cooperation, functions within partnerships but also independently, often being the major voice clamoring for the accountability that must follow the elaboration of the major global declarations.

Many of the declarations of other bodies such as the United Nations contain language that speaks clearly to the core values of the Commonwealth. One such is the recent UN Declaration on Global Health and Foreign Policy.[22]

> *Reaffirming the right of every human being to the enjoyment of the highest attainable standard of physical and mental health, without distinction as to race, religion, political belief, economic or social condition, and the right of everyone to a standard of living adequate for the health and well-being of oneself and one's family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond one's control.*

As implied above, Commonwealth participation in the debates on health in general and the post 2015 Development Agenda is essential and there will naturally be implications for non-Commonwealth involvement. The member countries of the Commonwealth will lose an important voice and also fail to take advantage of the possible impact that can be had because of the size of the Commonwealth and the other characteristics that have been

described above. Failure to engage in the health arena which is so vital to Commonwealth interests could possibly diminish its credibility when it seeks to have a voice and influence in other areas.

A rationale for Commonwealth involvement in the discussions on the post 2015 Development Agenda was put cogently by the Secretary General H E Kamalesh Sharma when he opened the Commonwealth Ministerial Working Group meeting on recommendations for the post-2015 development agenda. He said:23

> *"Encompassing, as we do, a third of the world's population, the Commonwealth is perhaps uniquely placed to contribute to the process, and to submit recommendations on behalf of our citizens. This is a prime opportunity for us to exercise, on behalf of our member countries and our citizens, the collective advocacy role for which the Commonwealth is so well equipped, and that it is so well placed to deliver."*

3. The Millennium Development Goals

3.1 Post–war developments. The post-World War II growth in prosperity was not evenly distributed globally and in many circles there was mounting concern that the improvements in health in the countries of the North were not seen in the poor countries of the South. This general dissatisfaction resulted in the famous Conference in Alma Ata in 1978 and the call for "Health for All" to be achieved by the application of Primary Health Care Strategy.[24] [25] But it was the last 2 decades of the century that saw the emergence of three initiatives that have much salience for this paper.

In 1990 UNDP produced its first Human Development Report[26]. This seminal document stated quite simply what for those times was regarded as profound. *"Human development is a process of enlarging people's choices. The most critical of these wide–ranging choices are to live a long and healthy life, to be educated and to have access to resources needed for a decent standard of living"*. It established the Human Development Index reflecting life expectancy, literacy and command over the resources to enjoy a decent standard of living.

In 1992 the countries gathered in Rio de Janeiro primarily because of concern for the rapid deterioration of the physical environment, but as the first Principle of the Rio Declaration on Environment and Development stated, [27] *"Human beings are at the centre of concerns for sustainable development. They are entitled to a healthy and productive life in harmony with nature."* The health and wellbeing of humankind should be at the center of our collective efforts. Chapter 6 of Agenda 21 of the Rio Summit was entitled "Protecting and Promoting Human Health". It emphasized that the primary health needs of the world's population were integral to the goals of sustainable development and primary environmental care. [28]

The third major initiative was the publication of the World Bank's 1993 World Development Report "Investing in Health"[29] which made the unassailable case for considering health in investment terms and put to rest forever the notion that expenditure to improve health should be seen solely as a cost to society. Health was shown to have both a constitutive or intrinsic value, as well as being instrumental with regard to the other components of human development. This landmark publication signaled a major entry of the

International Financial Institutions into the health arena, lending their considerable influence to the proposition that evidence could and should be produced to establish priorities to guide country investment in health.

3.2 ***The background to the MDGs.*** In the closing days of the last century, perhaps as a result of the initiatives described above and perhaps because of a concern which might have stemmed from the angst typical of the fin de siècle, there was general acceptance of the proposition that the world as a whole could and should establish a development framework with set goals and targets. The international environment was concerned with the persistent and apparently intractable problems of global inequity and poverty which had to be addressed in the face of a steep decline in Official Development Assistance.[30] [31]There was a series of international conferences and consultations in the 1990's that culminated in the United Nations convening the Millennium Summit in 2000 from which came the Millennium Declaration.[32] The Declaration spoke *to "a collective responsibility to uphold the principles of dignity, equality and equity at the global level",* and went on to acknowledge that *"the central challenge we face today is to ensure that globalization becomes a positive force for all the world's people".* The main values and principles as expressed in the Declaration were freedom, equality, solidarity, tolerance, respect for nature, shared responsibility and to translate these into action, the following key objectives were identified:

Peace, security and disarmament
Development and poverty eradication
Protecting our common environment
Human rights, democracy and good governance
Protecting the vulnerable
Meeting the special needs of Africa and
Strengthening the United Nations.

Through a process that is still rather mysterious, two items were taken from the Declaration -development and poverty eradication and protecting the environment and eight Millennium Development Goals (MDGs) were crafted.[33] The accepted eight MDGs are:

Eradicate extreme poverty and hunger
Achieve universal primary education
Promote gender equity and empowerment of women
Reduce child mortality
Improve maternal health
Combat HIV/AIDS, malaria and other diseases
Ensure environmental sustainability
Develop a global partnership for development.

There have been many concerns about the MDGs and those that have had most echo relate to the fact that the manner in which they were developed did not allow for wide participation and that they ignored some components of the Millennium Declaration such as freedom, human rights and equity. Indeed the 2010 UN Summit on the MDGs "Keeping the Promise; United to Achieve the Millennium Development Goals" felt it important to reaffirm some of those principles as being essential for development.[34] The Outcome Document said:

> *"We reaffirm that peace and security, development and human rights and fundamental freedom for all are the pillars of the United Nations system and the foundations for collective security and well-being, and*

that development, peace and security and human rights are interlinked and mutually reinforcing."

It has also been felt that the goals reflected predominantly the problems of the poorest countries and in addition, when looked at through the lens of health today, they clearly do not address some of the problems which were not particularly evident when they were crafted. The most notable example is the omission of the chronic non-communicable diseases (NCDs).

The Commonwealth has been a constant champion of the MDGs as several of the documents and declarations from the various high level meetings show. [35] As an example, the Aso Rock Declaration from the meeting of the Commonwealth Heads of Government in Abuja in 2003 included the affirmation:

"We reiterate our collective commitment and determination to attain the Millennium Development Goals (MDGs), especially in regard to health and education"

The Commonwealth Secretary-General Don McKinnon in addressing the UN General Assembly in 2005 stated:

"One third of the Commonwealth's 1.8 billion people live on less than one dollar a day. Almost two thirds of the world's HIV/AIDS cases and maternal deaths take place in Commonwealth countries. More than half of the world's 115 million children without education are to be found in the Commonwealth. That is why the Commonwealth not only has an interest in achieving the MDGs but also a responsibility to do so.

There is no doubt that the MDGs have been the most successful of all the various internationally agreed sets of goals. One of their strengths is that they should be taken as a whole, as they are mutually reinforcing. For example, the eradication of extreme poverty and hunger must have a direct impact on health. They have provided a powerful and highly visible platform for organizing international action to assuage some of the worst effects of globalization, have provided a framework for gathering comparable data and represent an agreement between the developed and the developing countries to work together. They have provided a framework on which many if not most of the international agencies have built their technical cooperation and on which the philanthropic agencies have focused. They have helped to enhance global solidarity, required sectoral cooperation and through their targets provided specific benchmarks for monitoring progress.[36] [37] [38] Emphasis has been placed on the impact of the MDGs in emphasizing poverty as a global priority and the urgent need to address it. They have been said to have shaped the international development debate in several ways:[39]

"First, the MDGs institutionalized the consensus on ending poverty

Second, the MDGs have reshaped the concept of "development" as ending poverty

Third, the MDGs have helped to define poverty as a multidimensional deprivation in the lives of people, including such dimensions as

education, health, environment, food, employment, housing and gender equality-or human poverty".

3.3-Evaluation of the MDGs The end point of the period in which the goals were to be achieved was set at 2015 and there have been several reviews of progress, which in some cases has been impressive. In 2012 the United Nations undertook a detailed review of progress in the MDGs and as Mr. Ban Ki Moon the UN Secretary General noted, several milestones had been reached. He lauded the progress but pointed out the *"unevenness of progress within countries and regions and the severe inequalities that exist among populations, especially between rural and urban areas".*[40] Some of the data from that Report are shown in Box No. 1. The targets of reducing extreme poverty by half and that of halving the proportion of people lacking dependable access to improved sources of drinking water had been reached.

Box 1.

Goal 1- Eradicate extreme poverty and hunger
The poverty reduction target was met; extreme poverty is falling in every region; the numbers of Malnourished have stabilized since 1990

Goal 2- Achieve universal primary education
Progress on primary school enrolment has slowed since 2004

Goal 3- Promote gender equality and empower women
The world has achieved parity in primary education between girls and boys

Goal 4- Reduce child mortality
Progress on child mortality is gaining momentum; child mortality falls by more than one third

Goal 5- Improve maternal health
Maternal mortality has nearly halved since 1990 but levels are far removed from the 2015 target

Goal 6- Combat HIV/AIDS, malaria and other diseases
New HIV infections continue to decline in the hardest hit regions; access to treatment for people living with HIV increased in all regions; global malaria deaths have declined; the world is on track to achieve the target of halting and beginning to reverse the spread of tuberculosis

Goal 7- Ensure environmental sustainability
The world has met the drinking water target 5 years ahead of schedule; the sanitation target is still out of reach; the number of people living in slums continues to grow

Goal 8-Develop a global partnership for development
Core development aid falls in real terms for the first time in more than a decade; a global "digital divide" remains in terms of quantity and quality of broadband internet access

In 2010 the Commonwealth Health Ministers reviewed the progress that had been made in achieving the MDGs with special focus naturally on MDGs 4, 5 and 6 which have been dubbed the "health MDGs".[41] One of the striking features of that review was the lack of data for adequate evaluation and it was painfully clear that the economic crisis of the mid 1990s had seriously impaired progress in many countries. The most succinct analysis of the achievement of the health MDGs at this point has been given in the Report of the Global Thematic Consultation on Health. See Box No. 2. [42]

Box 2.

MDG 4: Globally, the number of deaths of children under five years of age fell from 12 million in 1990 to 6.9 million in 2011. The global rate of decline has accelerated in recent years: from 1.8 per cent per annum during 1990-2000 to 3.2 per cent during 2000-2011. Despite this improvement, the world is unlikely to achieve the MDG 4A target by 2015.

MDG 5: While the proportion of births attended by a skilled health worker has increased globally, fewer than 50 per cent of births are attended to in the WHO African Region. Despite a significant reduction in the number of maternal deaths –from an estimated 543,000 in 1990 to 287,000 in 2010 – the rate of decline is just over half that needed to achieve the MDG 5A target by 2015. In 2008, 63 per cent of women aged 15–49 years who were married or in a consensual union were using some form of contraception, while 11 per cent wanted to stop or postpone childbearing but were not using contraception.

MDG 6: Globally, new **HIV** infections declined by 24 per cent between 2001 and 2011. In 2011, an estimated 2.5 million people were newly infected with HIV, of whom 70 per cent live in sub-Saharan Africa. More people are living with HIV: an estimated 34 million people in 2011. A little over 8 million people in low- and middle-income countries received antiretroviral therapy in 2011, but there is still a long way to go to achieve universal access. **Malaria** mortality rates have decreased by more than 25 per cent globally and by more than 33 per cent in the WHO African Region over the past decade. Fifty countries are on track to reduce malaria case incidence by more than 75 per cent by 2015; however, these countries represent only 3 per cent of the global estimated cases. It has been estimated that more than one million lives have been saved in the past decade, 58 per cent in the top ten highest burden countries. Use of insecticide-treated nets and indoor residual spraying has greatly increased, and will need to be sustained in order to prevent the resurgence of disease and deaths caused by malaria. There were an estimated 8.7 million new cases of **tuberculosis** (TB) in 2011, of which about 13 per cent involved people with HIV. Globally mortality due to TB has fallen 41 per cent since 1990 and should reach 50 per cent by 2015, except in Africa and Europe. Treatment success rates have been sustained at high levels, at or above the target of 85 per cent, for the past four years. However, the incidence is falling very slowly, and the trend may be reversed due to the spread of multidrug-resistant and extensively drug-resistant TB strains. The "**neglected tropical diseases**" are a group of 17 diseases that affect more than one billion people worldwide in the poorest, most marginalized communities, causing severe pain, permanent disability, and death. Control, elimination, and even eradication of these diseases are feasible. Dracunculiasis, for example, with fewer than 1058 cases reported in 2011, is on the verge of eradication without the use of any medication or vaccine.

(Source WHO)

It is clear that there is still a considerable amount of effort needed past 2015 if these goals are to be met at all. The above obviously does not include a global goal for the NCDs as these were not included in the MDGs. There have been several individual disease goals set, such as the goal to eradicate poliomyelitis[43], which is slowly but surely being achieved, but the health goals of the MDGs represented the most concerted attempt to address a set of major health problems collectively and at a global level. The variation in size and health capacity in the Commonwealth countries is a reflection of the global situation and there will be many which are unlikely to reach the health MDGs by the year 2015 and thus must be concerned about the continuity of attention to these goals in the post 2015 agenda.

4. The post 2015 Development Agenda

It is clear that by 2015 the MDG targets will not have been achieved, thus there is a major effort to frame a new scenario for the post 2015 period. The United Nations and its agencies have led the process for the development of this successor arrangement and the architecture reflects the main lessons learned from the process of 2000. Thus, every effort has been made to have as wide a consultation process as possible and to consider seriously the issues that were included in the Millennium Declaration but did not find place in the MDGs. The process is set out in Box No. 3.

Box 3.

1) January 2012- UN Secretary General appoints a UN Task Team to support system-wide preparations for the academia and the private sector. Task team delivers report in June 2012- "Realizing the future we want for All". It has issued a second Report "A Renewed Partnership for Development".

2) From May 2012- Global regional and country consultations;–to finish in first quarter of 2013.

3) From May 2012- Thematic consultations to finish by May 2013
(Themes to be addressed include inequalities; nutrition and food security; governance; growth and employment; conflict prevention and resolution; health; education; environmental sustainability; population dynamics).

4) June 2012- Rio +20 Conference on Sustainable Development-recommends development of "Sustainable Development Goals".

5) June 2012- UN Secretary General appoints Special Adviser on post -2015 development planning.

6) August 2012- UN Secretary General appoints a High Level Panel on the post 2015 Development Agenda, co-chaired by Presidents of Indonesia and Liberia and the Prime Minister of the UK to report in May 2013.

7) September 2013- UN General Assembly-UN Summit on the post 2015 Development Agenda.

The global conversation has been facilitated by an interactive website to allow the world to learn about the process and offer feedback on the new framework. (unteamworks.org) There has been a concerted effort on a scale never previously seen in the United Nations, to involve as large a number of the world's people and institutions as possible. There has been consultation at all levels-the political sector, the private sector and civil society organizations as well as individuals.

On the initiative of the Governments of Guatemala and Colombia the outcome document from the Rio+20 Conference included an agreement by member States *"to launch a process to develop a set of Sustainable Development Goals (SDGs), which will build upon the Millennium Development Goals and converge with the post 2015 development agenda.* It was decided to establish an "inclusive and transparent intergovernmental process open to all stakeholders, with a view to developing global sustainable development goals to be agreed by

the General Assembly" [44]. A 30-member Open Working Group (OWG) of the General Assembly was established in January 2013 and tasked with preparing a proposal on the SDGs. It is yet unclear how the post -2015 Development Agenda will meld with the Sustainable Development Goals.

5. Health in the post 2015 Development Agenda

The rationale for health to be included in the Post 2015 development agenda and the recommendations to inform the deliberations of High Level Panel have been brilliantly set out in the Report of the Global Thematic Consultation on Health and summarized in the Report of its final consultation.[45] The purposes of the consultation were to;

a) stimulate wide-ranging discussion at global, regional, and country levels on progress made and lessons learnt from the MDGs relating to health;
b) discuss and develop a shared understanding among Member States, UN agencies, civil society, and other stakeholders on the positioning of health in the post-2015 development framework;
c) propose health goals and related targets and indicators for the post-2015 development agenda, as well as approaches for implementation, measurement, and monitoring.

The Report set out some of the lessons learned from the process of developing the MDGs, particularly the need for a transparent process built upon wide consultation and recognized again that they had not captured the full spectrum of development concerns of the Millennium Declaration.

It identified how health was linked to development both as an end as well as a means to development and pointed out how health must be linked to the other development challenges that should form part of the post 2015 agenda. Health was to be at the center of sustainable development, was a contributor to all the development thematic areas and was influenced by social determinants whose control was outside the traditional health sector.

The Report described the post-2015 health priorities and the challenges in achieving them. The need to retain focus on the current MDG goals 4, 5 and 6 was stated as an absolute necessity and the topics of sexual and reproductive health as well as non-communicable diseases were specifically cited as priorities. It was noted that concern for equity had to be factored into any consideration of health in the new arrangement. The challenges identified included the increase in human connectivity, climate change and other environmental threats, the importance of the youth and the growing urbanization. The Report naturally devoted considerable attention to the Group's prime mandate of situating health in the post-2015 development agenda and established several principles on which the agenda should be based. As was to be expected, key among these were the topics from the Millennium Declaration such as human rights, equity, gender equality as well as accountability and sustainability. The report set out a possible framework for future health goals, posited an overarching health development goal of "***maximizing health at all stages of life***" and suggested two specific health goals-accelerating progress on the health MDGs (4, 5 and 6) and in addition, reducing the burden of the major NCDs. Universal health coverage was identified as being of fundamental importance, but was seen as necessary but not sufficient for achieving the specific health goals.

The emphasis given to the NCDs as a new and emerging health threat is in keeping with the recognition of the growing importance of the NCDs at the technical as well as at the political levels. They have been discussed in numerous fora and the United Nations in only the second occasion in which it has convened a High Level Meeting on a health issue, in September 2011 convened one such on NCDs and issued a Political Declaration on the Prevention and Control of non-communicable diseases[46]. There is an increasingly rich literature making the case for more attention to NCDs, much of it lead recently by the Lancet[47] [48] [49] [50] [51], and the case for "embedding" NCDs in the post 2015 development agenda has been made.[52] This is based on the prominence of NCDs as causes of mortality and morbidity, their economic impact and the fact that they impact negatively on the social, economic and environmental domains of sustainable human development.[53] As a follow-up to the Political Declaration, the World Health Assembly decided to adopt a global target of a 25 per cent reduction in premature mortality from non-communicable diseases by 2025;[54] and WHO is in the process of developing the targets and indicators to achieve such an ambitious goal, which is also central to WHO's Plan of Action for the Prevention and Control of NCDs 2013-2020.

In terms of implementation, the Report had several perceptive suggestions. It argued for recognition of the need for engagement of people, inclusivity and accountability. The increasing interconnectivity should be a positive phenomenon and there was a call for learning and sharing of best practices.

Reasonable conclusions that could be drawn from the process and outcome of the Thematic Group consultations and relevant literature would be that:

a) Health must figure prominently in the post-2015 development agenda.
b) There will be an overarching health development goal- maximizing health.
c) Under the health chapeau there could be one group of outcome sub-goals which includes continuing attention to the established health MDGs 4, 5 and 6 plus attention to the burgeoning problem of NCDs and mental health.
d) Universal health coverage will be seen as essential primarily, although not exclusively as instrumental in achieving the health goals and could be the sole component so far of a second group of sub goals.

In terms of additions to the current focus on four main NCDs, it would be useful to consider specific inclusion of mental health within the priorities. This is based on the magnitude not of mortality, but of disability caused and the significant societal impact.
The findings of this Thematic Group are based on careful analysis and wide consultation and clearly should be embraced by the Commonwealth as a whole. The translation of these into programs and policies will of course vary within the Commonwealth as they will vary globally.

6. The current agenda and the Post- 2015 debates

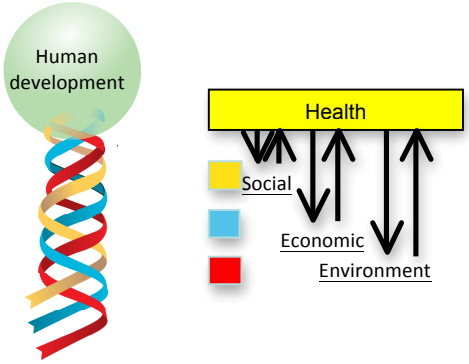
6.1 The current agenda. The High Level Panel appointed by the Secretary General issued a communique after its final meeting in Bali in March 2013 and will present its report to the Secretary General in May. This will be the basis for the discussion in the General Assembly in September 2013. The Panel in its Bali Communiqué emphasized five key areas in which progress was needed:[55]

1) Reshaped and vitalized global governance and partnerships
2) Protection of the global environment
3) Sustainable production and consumption
4) Strengthened means of implementation
5) Data availability and better accountability in measuring progress.

It would be a pity if in this period there was not a strong call for emphasis not just on sustainable development, but on ***sustainable human development***. It has been argued that the term development alone is "contextually neutral" and could embrace a myriad of possibilities. What is needed is a reaffirmation of the thesis articulated by UNDP in 1990 that it is human development that is important. The work of major thinkers on these issues such as the Nobel Prize Winner Amartya Sen [56] [57]and his colleague Martha Nussbaum,[58] has unpacked the meaning of development, relating it to critical human capabilities and freedoms. Such human development is made sustainable by the support of the social, economic and environmental domains intertwined graphically in the form of a triple stranded helix.[59] During this period the argument should be made that health is an intrinsic part of the process of sustainability as well as being one of the key components of the human development that must be sustained. (See Figure No. 2). Health would impact on all three strands and be impacted by them, but in addition, health is an intrinsic component of the social strand and an endpoint of the sustainable human development that should be the ultimate goal of human achievement.

6.2. The post 2013 debate. Before and after the UN General Assembly Summit on the post -2015 Development Agenda in September 2013, there will be vigorous discussion and debate about the mechanism for establishing the new successor arrangement. There will be intense pressures from multiple groups and interests to have one or other issue included in the definitive post 2015 Development goals and targets. The embrace of the MDGs by the World Bank and the other International financial institutions was a significant step in assuring that they would form part of the development plans of the countries. This must continue. It will be critical to argue strongly for emphasis to be placed on sustainable human development and equally strongly that the coordination necessary have its prime focus on a country led process[60]. The emphasis on global consultation must continue and it is imperative that proposals for global action involve the global community which includes the member states, the private sector and civil society in groups as well as individuals in their private capacities. This was one of the criticisms of the MDGs and the UN has gone to enormous lengths to correct it. The Commonwealth must be part of this debate.

Figure 2.



Adapted from Reference 49, Alleyne et al.

Legend. Human development is sustained by the social, economic and environmental domains intertwine as a triple helix. Health impacts on and is impacted by the three domains.

7. Commonwealth action

7.1 Lessons learned. There are two main lessons that might be learned for the process of preparing the new Agenda that might have relevance for the Commonwealth

a) **Participation in global consultative processes.** Examination of the institutional inputs into the work of the Health Thematic working Group is an example. The manner of carrying out the thematic consultation reflected the determination to involve as wide a cross section of interested persons as possible. As the final report of the consultation noted *"A web-based consultation drew in 150,000 visitors, over 1500 individuals took part in 13 face-to-face consultations in Africa, Asia, South America, North America, and Europe, and more than 100 papers were submitted*". An analysis of the documentation showed about 110 submissions from institutions, but as far as could be discerned, there was no formal input from the Commonwealth. Such an input naturally would have been made by the Commonwealth Secretariat perhaps through soliciting opinions from its various constituencies, formulating a position and making a formal input into the consultation. The Commonwealth should have been represented at the High Level Dialogue on Health in the post-2015 Development Agenda held in Gaborone, March 2013.

b) **Preparedness.** There was ample indication that there would need to be a consultation process on health. Several institutions mobilized to seek from their constituencies the data and opinions necessary to make an informed position. For example, WHO and UNICEF while participating as part of the Secretariat, would still consult internally and externally and produce position papers as inputs into the consultation. There appears to have been a relevant consultation and Commonwealth recommendations for the post-2015 Development Framework for Education,[61] but not so for health.

7.2 Recommendations. As noted above, the Commonwealth has a long and distinguished history in health and health has figured in every one of the recent meetings of Heads of Government. Given this history, it would be unfortunate if the Commonwealth left the lists just when there is the discussion about the successor arrangement for the MDGs. This is a period that will shape health globally for decades to come. It is in this spirit that the following recommendations are made. They are also made with full realization of the often blurred distinction between the Commonwealth as representative of the body of sovereign nations and the Commonwealth Secretariat. In any large multi-national organization there inevitably exists the need to appreciate the limitations of action of its secretariat and the extent to which collective action is fostered but not accomplished by the initiative of that secretariat. Thus some recommendations may involve joint action between the Secretariat and the member countries while others may fall predominantly within the purview of the Secretariat.

1) Retain health as one of the Commonwealth's main spheres of action. It is in facilitating the "soft power" inherent in this field that the Commonwealth can make one of its most significant global contributions. The argument that there are other

agencies active in health cannot be sustained. If development is one of the principal spheres of action of the Commonwealth and health is critical for development, then the Commonwealth must be deeply involved and be seen to be so. There are numerous organizations active in promoting democracy-the United Nations itself. This does not warrant the Commonwealth diminishing its presence and influence in this area. The comparative advantages of the organization in health are as evident or perhaps more so than in other areas.

2) Utilize to the maximum the strongest tools the Commonwealth has at its disposal for impacting on the Post 2015 Development Agenda-advocacy and partnerships.

a) Advocacy may be described as a deliberate process of influencing the definition or implementation of policy through presentation to decision makers and their constituencies with recommendations based on sound evidence. Its impact by the Commonwealth will depend on several factors. First there is need for credibility and fortunately over the years the work of the Commonwealth has been such that the stakeholders have come to trust it. This is a major asset. In addition, there is the capacity to generate credible evidence. This might be accomplished by modifying the form of work of the Commonwealth Advisory Committee on Health (CACH) to make it a permanent consultative body which meets virtually with greater frequency. In addition, it should be possible to establish focus groups in specific areas drawn from Commonwealth experts which will assist the Secretariat in developing the collective Commonwealth position on key health issues. The Commonwealth Secretariat might use such a group to gain opinions on the post 2015 Development Agenda being prepared by the High Level Panel and the draft versions of the Sustainable Development Goals. Advocacy of course needs appropriate skills and tools and the means of communication have changed dramatically in more recent times. Thus there is need for agile electronic messaging, live websites and linkages with other communication platforms.

b) In any modern organization irrespective of size, there is need for partnerships and this must be especially critical in an organization such as the Commonwealth with such a wide remit and one that responds to such a diverse constituency. One of the main reasons for partnerships in health is to create an epistemic community for the health goals which the Commonwealth has established and which naturally are consonant with the global goals. Partnerships bring technical expertise and a range of contacts that are crucial for the advocacy the Commonwealth needs to undertake. Potential partners in health include the World Health Organization and the organs of the United Nations system. Note must also be taken of the wide range of nongovernmental organizations in the Commonwealth countries that have health as their primary focus. But perhaps the most fertile ground is the family of Commonwealth Associations, many of which are concerned with health. Wikipedia lists 82 members of the Family of Commonwealth Associations with 6-7 of these ostensibly engaged in health matters. It should be possible to engage some of these with respect to the post-2015 Agenda to argue for the Commonwealth position and carry out activities that can support that position. The Commonwealth Press Association is an example. In addition there are ministerial meetings of other sectors whose actions impact on health, such as meetings of Ministers of Education and of Finance. The regularity of these conclaves and the high level of the participants from a wide variety of sectors are a reflection of the convening power of the

Commonwealth. It is crucial to utilize these conclaves to advance multi-sectoral approaches at the global level.

3) Optimize the meetings of Ministers of Health. There is a tradition of annual meetings of Commonwealth Ministers of Health prior to the World Health Assembly which have replaced the biennial meetings. It represents an opportunity for consensus-building, policy dialogue and direction. The importance of these can be summed up in a comment by the Secretary General to this meeting in 2011. He said:

> *"The Commonwealth Health Ministers Meetings are the Commonwealth at its best. They bring together talent and expertise that can make all the difference as to how we move forward on topics that will make life better for the poor and marginalised."*

An analysis of the agendas and reports from the past six meetings show the following central themes:

20007-Life-Style diseases
2008-E- Health
2009-Health and Climate Change
2010-The Commonwealth and the Health MDGs
2011-Noncommunicable diseases
2012- Linking Non-communicable Diseases and Communicable Diseases

It is striking that the NCDs have been so prominent in the recent agendas. This illustrates the attention being paid to the issues that have been emerging in the global agenda and the effort being made to formulate a Commonwealth position as the items moved to other fora. There have been excellent reports of the meetings and the importance of the NCDs has been emphasized by developing a Commonwealth Road Map on NCDs. Among the positive aspects of these meetings has been the high level of Ministerial participation, the involvement of WHO by the Director General and the possibility, if not to formulate a Commonwealth position, at least to provide Ministers with the information and evidence that would be useful in the discussions in the World Health Assembly and other fora. Perhaps a systematic review of recommendations from previous meetings might form a standard feature of every meeting as well as more structured recommendations to the Secretariat as to future work. Consideration might also be given to providing more time for debate and discussion as well as evolving ministerial mechanisms for projecting the Commonwealth position.

4) Ensure through mobilizing the resources that exist within the Commonwealth that a collective distinctly Commonwealth opinion is given as the new Development Agenda unfolds. For example, it is still time for a strong Commonwealth voice for the new Agenda to be a Human Development Agenda and that NCDs and mental health find place among the priorities.

5) In the planning for future Commonwealth activities, emphasise the effectiveness for enhancing innovative modalities especially at the technical and political levels on health.

a) Technical.

- Dissemination of information. Information about the Commonwealth participation and achievements in health-dissemination of information to youth through their social media networks.

- Actively promote technical cooperation among Commonwealth countries in health. Some of the larger countries have been magnanimous in their support to health globally and in specific areas, such as maternal and child health. While technical cooperation among countries is listed as one of the Commonwealth's forms of assisting its members, there is urgency that this mode of cooperation for health specifically targets the health goals and targets of the current MDGs and those being proposed.

- Seek synergy among the health, gender and education sections. The interdependence of these three is no longer a matter of debate.

b) Political.

- Ensure that the Commonwealth Heads of Government consider health in their deliberations when appropriate. It must not be forgotten that much of the political attention to the NCDs arose from Commonwealth initiatives.

- Ensure Commonwealth contribution on health to the major political fora. For example, the Commonwealth should always be making an input into the various Health Plans of Action being prepared by the World Health Organization.

- Ensure that the diplomats in the Commonwealth capitals are informed of the Commonwealth position on important health matters. It is through these diplomatic channels that the input is often best made to the political declarations –for example at the United Nations.

6) The Commonwealth should champion the overarching goal for health advocated by the Thematic Group "maximizing health at all stages of life" and advocate strongly that the sub goals be as follows:

*Outcome goals-- MDG goals 4, 5 and 6 plus NCDs and Mental health.

*Instrumental goal-- Universal health coverage.

Conclusions

There has been general improvement in health globally, but not all people have benefited equally. Attention has been focused more recently on health as a development issue and health goals were made a major component of the MDGs which should have been accomplished by 2015. There will be a successor arrangement-the post 2015 Development Agenda in which health will continue to figure prominently. It has been proposed that there

be an overarching health goal of ***maximizing health at all stages of life*** under which will fall the current MDG health goals as well as a new area of NCDs including mental health.

The Commonwealth has a long history of involvement in health and its stated values and principles are very much in line with those that will underpin the new goals for the post-2015 period. It is recommended that the Commonwealth retain health as one of its main spheres of action, given the importance of health to the development which the Commonwealth has long embraced as one of its major concerns. It must ensure input into and influence the debates around the post-2015 Agenda and indeed future global debates around health. Advocacy and partnerships represent two areas in which the Commonwealth because of its diversity and the large family of Associations and numerous contacts should have a comparative advantage in ensuring valuable input into the debates around the post - 2015 Agenda.

The Secretariat should have the resources necessary to ensure a collective Commonwealth voice in the discussions and debates and definitely in the activities that will flow from the adopted Agenda. It might seek to modify some of its forms of work to enable more effective Commonwealth participation. It should help to shape the argument for the overarching goal and in addition argue that the higher level goal must be sustainable human development.

Bibliography

[1] Jamison DT, "Investing in Health." 2006. *Disease Control Priorities in Developing Countries (2nd Edition),ed.* , 3-36. New York: Oxford University Press. DOI: 10.1596/978-0-821-36179-5/Chpt-1

[2] Jamison DT, Jha P, Malhotra V, Verguet S. The twentieth century scorecard transformation of human health: its magnitude and value. In: Bjorn Lomborg, editor. The twentieth century scorecard: how much did global problems cost the world? Progress since 1900, prospects to 2050. Cambridge University Press.(In Press 2013)

[3] Omran AR. The epidemiological transition. A theory of the epidemiology of population change. The Milbank Memorial Fund Quarterly XLIX, 509-538;1971

[4] Murray C, Vos T, Lozano R, et al. Disability-adjusted life years (DALYs) for 291 diseases and injuries in 21 regions, 1990-2010: a systematic analysis for the Global Burden of Disease Study *2010*. Lancet, 2012; 380: 2197-223.

[5] Lozano R, Naghavi M, Foreman K, et al. Global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010: a systematic analysis for the Global Burden of Disease Study 2010. Lancet, 2012; 380: 2095-128.

[6] Frenk J, Moon S. Governance challenges in global health. N Eng J Med.368;936-942:2013

[7] Kickbusch I. Perspectives on health governance in the 21st century: revisiting health goals and targets. In: Marinker M, ed. *Health Targets in Europe: Polity, Progress and Promise.* London: BMJ Books; 2002

[8] Zlezák NA, Bloom BR, Jamison DT, Keusch GT, Michaud CM, et al. (2010)The Global Health System: Actors, Norms, and Expectations in Transition.PLoS Med 7(1):e1000183.doi:10.1371/journal.pmed.1000183

[9] Goodman NM. International Health Organizations and their work, Churchill Livingstone, Edinburgh and London

[10] Siddiqui J. World Health and World Politics. The World Health Organization and the UN System. University of South Carolina Press 1995

[11] Henderson DA. Smallpox. The death of a disease. Prometheus Books. New York. 2009

[12] Alleyne G. The multi-sectoral aspects of noncommunicable diseases. In: Ledger J, Pearson M, editors. Commonwealth Health Minister's update 2011. United Kingdom: Pro book Publishing Limited; 2011.

[13] Kreisel W, von Schirnding Y. Intersectoral action for health: a cornerstone for Health for All in the 21st century. World Health Stat.Q. 1998; 51(1):75-78

[14] Bryson, J. M., Crosby, B. C. and Stone, M. M. The Design and Implementation of Cross-Sector Collaborations: Propositions from the Literature. Public Administration Review. 2006 ; 66: 44–55.

[15] Alleyne G, Nishtar S. Sectoral cooperation for the prevention and control of non-communicable diseases. In Galambos L, Sturchio JL. Eds Addressing the Gaps in Global Policy and Research for the Non-Communicable Diseases. Policy Briefs from the NCD Working Group. The Johns Hopkins University, 2013

[16] Lock K. Health Impact Assessment Brit. Med. J. 2000;320:1395-1398

[17] World Health Organization. Health Impact Assessment. http://www.who.int/hia/en Accessed March 29, 2013

[18] Moodie R, Stuckler D, Monteiro C, Sheron N, Neal B, Thamarangsi T, Lincoln P, Casswell S; Lancet NCD Action Group. Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries . Lancet. 2013 Feb 23;381(9867):670-9. doi: 10.1016/S0140-6736(12)62089-3. Epub 2013 Feb 12

[19] Commonwealth Health Ministers Meetings 2012. In Commonwealth Online http://www.commonwealthhealth.org/health-in-the-commonwealth/history-of-commonwealth-health-ministers-1971meetings/
Accessed March 24, 2013

[20] The Commonwealth 2009. The Affirmation of Commonwealth Values and Principles http://www.thecommonwealth.org/document/34293/35468/216908/commonwealth_values_and_principles.htm Accessed March 27, 2013

[21] Alleyne G. Health degendered is health denied. Public lecture. University of the West Indies, Institute for Gender and Development Studies. October 2011. http://hdl.handle.net/2139/13820
Accessed March 21, 2013

[22] UN General Assembly Global Health and Foreign Policy 2012 http://www.who.int/trade/events/UNGA_RESOLUTION_GHFP_63_33.pdf Accessed March 27, 2013

[23] Commonwealth Secretary-General's opening remarks at the Commonwealth Ministerial Working Group meeting on recommendations for the post-2015 development agenda. Date: 13 Dec 2012
http://www.thecommonwealth.org/speech/181889/34293/35178/176911/251959/131212sgpost2015education.htm Accessed May1, 2013

[24] World Health Organization, Handbook of Resolutions and Decisions Vol11.1973-1974

[25] World Health Organization, Alma-Ata 1978: primary health care. Geneva, 1978 (Health for All Series, No 1.)

[26] UNDP Human Development Report 1990. United Nations Development Program. Oxford University Press, 1990

[27]UN General Assembly. Report of the United Nations Conference on environment and development*
(Rio de Janeiro, 3-14 June 1992) "Rio Declaration on Environment and Development"
http://www.un.org/documents/ga/conf151/aconf15126-1annex1.htm
Accessed March 23, 2013

[28] Agenda 21. Chapter 6. Protecting and Promoting Human Health, Earth Summit, 1992. http://habitat.igc.org/agenda21/a21-06.htm. Accessed March 23, 2013

[29] World Bank. World Development Report 1993. Investing In health. Oxford University press 1993

[30] Hulme D. The making of the Millennium Development Goals: Human Development meets results-based management in an imperfect world. Brooks World Poverty institute. BWPI Working Paper 16, December 2007

[31] Hulme D, Scott J. the political economy of the MDGs: Retrospect and Prospect for the World's Biggest Promise . Brooks World Poverty Institute Working Paper 110, January 2010

[32] UN General Assembly. 55/2 United Nations Millennium Declaration. http://www.un.org/millennium/declaration/ares552e.htm Accessed March 23, 2013

[33] Malloch-Brown M. The Unfinished Global Revolution. The pursuit of a new international politics. The Penguin Press , New York

[34] UN General Assembly 65/1. Keeping the Promise: United to achieve the Millennium Development Goals.2010
http://www.un.org/en/mdg/summit2010/pdf/outcome_documentN1051260.pdf
Accessed March 23, 2013

[35] The Commonwealth. Millennium Development Goals.
http://www.thecommonwealth.org/Internal/150952/169752/millennium_development_goals/
Accessed March 29, 2013

[36] UNDP. Human Development Report 2003. Millennium Development Goals: A compact among nations to end human poverty. United Nations Development Program. Oxford University Press, Oxford and London

[37] Jahan S. Does it make sense to have a set of global development goals? New York: United Nations Development Program, 2012

[38] Cheru F, BradfordC. The millennium development Goals. Raising the resources to tackle world poverty. Zed Books, London and New York, 2005

[39] Fukuda-Parr S. Should global goal setting continue, and how, in the post-2015 era? DESA Working Paper No 117 ST/ESA/2012/DWP/117 UN Department of Economic and Social Affairs. http://www.un.org/esa/desa/papers/2012/wp117_2012.pdf Accessed March 288,2013

[40] United Nations. The Millennium Development Goals Report 2012. http://mdgs.un.org/unsd/mdg/Resources/Static/Products/Progress2012/English2012.pdf Accessed March 29, 2013

[41] The Commonwealth Health Ministers Meeting 2010 .The Commonwealth. http://www.thecommonwealth.org/document/223912/chmm2010ministerial_statement_on_mdgs.htm
Accessed March 24, 2013

[42] Excerpted from the Draft Report of the Global Thematic Consultation on Health. http://www.irinnews.org/pdf/health_agenda_post_2015.pdf. Accessed April 2, 2013

[43] WHO. WHA 41.28 Global eradication of poliomyelitis by the year 2000. http://www.polioeradication.org/Portals/0/Document/AboutUs/History/WHA.Resolutions.and. Decisions.pdf. Accessed April 2, 2013

[44] United Nations. Sustainable Development Knowledge Platform. Open Working Group on Sustainable Development Goals.
http://sustainabledevelopment.un.org/index.php?menu=1549. Accessed March 29, 2013

[45] Health Thematic Online Consultation. http://www.worldwewant2015.org/health
Accessed March 29, 2013

[46] UN General Assembly. Political Declaration of the High Level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases. New York: United Nations. http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf
Accessed March 29, 2013

[47] Beaglehole R, Ebrahim S, Reddy S,Voute J, Leeder S. Prevention of chronic diseases: a call to action. Lancet 2007; 370: 2152-57

[48] WHO. Preventing chronic diseases: a vital investment. Geneva: World Health Organization, 2005

[49] Horton R. Chronic diseases: the case for urgent action. Lancet 2007; 370:1881-1882

[50] Adeyi O, Smith O, Robles S. Public policy and the challenge of chronic non-communi8cable disease.Washington: World bank, 2007

[51] Beaglehole R, Bonita R, Horton R, Adams C, Alleyne G. et al. Priority actions for the non-communicable disease crisis. Lancet. 2011 Apr 23;377(9775):1438-47. doi: 10.1016/S0140-6736(11)60393-0. Epub 2011 Apr 5

[52] Alleyne G, Binagwaho A, Haines A, Jahan S, Nugent R, Rojhani A, Stuckler D; Lancet NCD Action Group Embedding non-communicable diseases in the post-2015 development agenda. Lancet. 2013 Published online Feb 12. http://dx. doi.org/ 10.1016/S0140-6736(12)61806-6

[53] WHO. Global status report on noncommunicable diseases 2010. Geneva: World Health Organization, 2011

[54] WHO. Sixty-fifth World Health Assembly May, 2012. http://ncdalliance.org/sites/default/files/rfiles/World%20Health%20Assembly%20Resolution%20A65%2054.pdf. Accessed March 30, 2013

[55] Communiqué Meeting of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda in Bali, Indonesia, 27 March 2013 http://www.un.org/sg/management/pdf/Final%20Communique%20Bali.pdf Accessed March 29,2013

[56] Sen A. Foreword to Health and Social Justice. Oxford: Oxford University Press; 2010.

[57] SenA. Development as Freedom. Alfred A Knopf, New York.1999
[58] Nussbaum MC. Creating capabilities: The Human Development Approach. The Belknap Press of Harvard University Press. 2011

[59] Steiner A. Rio+20. Refocusing the economy and catalyzing global governance and institutional reform. http://www.unep.org/newscentre/default.aspx?DocumentID=2660&ArticleID=8946 Accessed March 30, 2013

[60] Bonita R, Magnuson R, Bovet P, et al, on behalf of the Lancet NCD Action Group. Country actions to meet Un commitments on non-communicable diseases: a stepwise approach. Lancet. 2013 Feb 16;381(9866):575-84. doi: 10.1016/S0140-6736(12)61993-X. Epub February 12, 2013

[61] Commonwealth Secretariat. Commonwealth Ministerial Working Group on the Post-2015 Development Framework for Education. Marlborough house, 12-13 December 2012 http://www.thecommonwealth.org/files/251982/FileName/CommonwealthRecommendationsforthePost-2015DevelopmentFrameworkforEducationBackgroundPaper.pdf Accessed March 29, 2013