



**Report on the Action for Global Health regional  
civil society consultation:  
'Health in the post-2015 development agenda'**



**4-8 December 2012**

**Dar es Salaam, Tanzania**

**Action for Global Health**

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### *About this report*

The United Nations Secretary-General (UNSG) has appointed a High-level Panel to advise on the global development agenda beyond 2015. In support of this process, the United Nations Development Group is leading a “global conversation” on the post-2015 agenda through a series of thematic consultations and more than 50 national consultations. The governments of Sweden and Botswana, UNICEF and the WHO are co-convening the global thematic consultation on health. This civil society consultation was convened by Action for Global Health as one of the inputs into the consultation process, with funding from the World Health Organisation. The views expressed in this document reflect the opinions of the participants, and should not be taken to reflect the views of the conveners of the global consultation on health.

### *About Action for Global Health*

Action for Global Health (AfGH) is a broad European network of 15 non-governmental organisations (NGOs) advocating in Brussels, France, Germany, Netherlands, Italy, Spain and the UK towards the right to health for all and the health Millennium Development Goals (MDGs). The goal of AfGH is increased support from European decision-makers for full funding of health, for strengthening health systems and ensuring fair access to healthcare, accountable and responsive to the needs of poor and vulnerable people.

## Introduction

### Background

With 2015 – the target date for the Millennium Development Goals (MDGs) – just a couple years away, the international community is engaged in lively debates about what the next global development framework will look like. The MDGs have shaped development over the last decade in fundamental ways, influencing what has been funded and prioritised (and what has not). So these discussions will have profound consequences for the poorest countries and the poorest and most marginalised people everywhere in the future.

The UN Development Group (chaired by the UN Development Programme - UNDP) is leading a 'global conversation' on the post-2015 agenda through 11 global thematic consultations and a series of at least 50 national consultations.

The governments of Botswana and Sweden are facilitating the global thematic consultation on health, while the World Health Organisation (WHO) and UNICEF are providing technical oversight.

Recognising the important roles performed by civil society, the private sector, global agencies and others in delivering health, the global consultation on health is engaging a broad range of stakeholders to ensure that their perspectives and knowledge influence the formation of the next development framework. The consultation includes a written submission process; an online global consultation ([www.WorldWeWant2015.org](http://www.WorldWeWant2015.org)), and regional consultations.

### *The Action for Global Health civil society consultation on health*

WHO and UNICEF selected the AfGH network to lead one of the regional civil society consultations on health in the post-2015 development framework. By mobilising its network of partners and reaching out to the broader civil society community working in global health across Europe, and in developed and developing countries, AfGH convened a dynamic regional civil society consultation on the role of health in the post-2015 development framework.

Fifty people in total participated in the consultation, with 28 members of civil society taking part in the CSO consultation session. Additionally six people completed questionnaires, and 20 people gave filmed messages. Respondents were mainly from the civil society sector, and mainly from African countries. Other respondents were from Bangladesh, Japan and Pakistan as well as Europe, Canada and the US.

Participants ranged from small, grassroots organisations such as Care of the Needy in Tanzania to large international bodies like Results, the UN Foundation, Save the Children and Sightsavers. While the civil society consultation on Saturday 8<sup>th</sup> December was restricted to civil society members only, respondents to the video messages were broad and included singer and UNICEF Goodwill Ambassador Yvonne

Chaka Chaka; government representatives from countries such as Nigeria, and Swedish Global Health Ambassador Anders Nordström. It was decided to give everyone the chance to take part in this section of the consultation. Many respondents also represented large constituencies, such as Civil Society Organisation (CSO) networks.

This report shares the outcomes and recommendations of this consultation.

The consultation took place concurrently with the GAVI Partners Forum in Dar es Salaam, Tanzania, 5-8 December 2012. The consultation had four specific objectives:

- 1) Document progress and lessons learnt from the MDGs;
- 2) Gather views, stimulate discussion and reach points of consensus on how health should be positioned in the next development framework;
- 3) Propose health goals and related targets and indicators for the next development framework; and
- 4) Gather civil society views on governance and accountability, including the role of civil society actors in these fields.

The views of civil society, shared at the consultation and documented in this report, provide valuable perspectives and knowledge to inform WHO's comprehensive report of the larger thematic health consultation.

## **The consultation process**

AfGH conducted the regional consultation through four main mechanisms. The primary mechanism was a half-day forum on Saturday, 8 December 2012. This was attended by 30 civil society representatives from all over the world, including many Tanzanian health advocates, service providers and NGOs. The discussion and findings emerging from this meeting were complemented with data collected over the course of the GAVI Partners Forum, through individual, written questionnaires, recorded video messages and the civil society component of a breakfast meeting hosted by the GAVI Alliance and the UN Population Fund (UNFPA).

The consultation was advertised widely through word-of-mouth and written publicity, GAVI communication channels, and online tools, including listservs. Participants were given the opportunity to provide input anonymously and were also invited to review and comment on drafts of this report and make any additions they felt necessary to ensure an accurate reflection of their input.

Below are some details about the content, participants and process for each element of the consultation. The outcomes of these elements are brought together in the next section.

### **I. Civil society forum**

(See Annex A for the agenda and list of participants.)

The civil society forum took place on the morning of 8 December 2012, at the Serena Dar es Salaam Hotel. As well as publicising the forum through the communication channels mentioned above, AfGH also invited civil society participants they met at the GAVI conference to take part. AfGH developed the agenda in collaboration with AfGH European and Southern partners.

## **II. Questionnaires**

(See Annex B for questionnaire template.)

We developed a qualitative questionnaire to gather the views and perspectives of civil society partners on each of the four objectives of the consultation. The questionnaire was designed to help reach a broader audience since the face-to-face and group methodologies of the consultation relied on people being available to participate in-person at the time of the GAVI Partners Forum.

Most of the questions are open-ended to encourage in-depth and diverse responses that can capture the concerns of respondents.

## **III. Video-recorded interviews**

We asked civil society representatives who were at the GAVI Partners Forum to explain their top priorities for health in the post-2015 development framework in short video-recorded presentations. Many of the recordings will be available at a later date on the AfGH website/YouTube Channel ([www.actionforglobalhealth.eu](http://www.actionforglobalhealth.eu)).

## **IV. Breakfast meeting**

GAVI and the UN Foundation co-hosted a breakfast dialogue on the post-2015 development framework. This was attended by world leaders such as Graca Machel, Member of Secretary-General's High-Level Panel on Post-2015 Development Agenda, Dr Babatunde Osotimehin, Executive Director, UNFPA, Amina Mohammed, the UN Secretary General's Special Advisor on Post-2015 Development Planning, Awa Coll Seck, Minister of Health in Senegal and global health spokespersons and civil society. The agenda included opportunities for civil society to raise critical concerns about health in the next development framework.

Prior to this dialogue, AfGH convened civil society to discuss and agree priority messages and organised key speakers to deliver these shared messages.

It should be acknowledged that the consultation was limited to some extent because AfGH only received confirmation of funding little more than a week before it took place. Many civil society partners, both those who had already planned to attend the GAVI Partners Forum and others who had not planned to attend, were therefore unable to make necessary plans to attend the AfGH consultation. AfGH sought to mitigate this with the questionnaire which could be submitted by email.

## Health in the post-2015 development framework: Civil society speaks

Approximately 50 people participated in the AfGH civil society consultation on health in the post-2015 development framework. In each of the elements of the consultation outlined above, we sought civil society perspectives and input on the following four questions:

1. What are the lessons learnt from the health-related MDGs?
2. What is the priority health agenda for the 15 years after 2015?
3. How does health fit in the post-2015 development agenda? What are the best indicators and targets for health?
4. How can country ownership, commitment, capacity and accountability for the goals, targets and indicators be enhanced?



In the discussion that follows, we have highlighted key themes that emerged as well as questions or concerns that generated significant debate. The text below is a summary of this discussion.

### **1. What are the lessons learnt from the health-related MDGs?**

#### **Strengths of the health MDGs:**

The three health MDGs contributed to improved health outcomes in many ways. The MDGs articulated a vision and were quantifiable targets. Thus, they gave direction in the field of global health and major actors rallied around major health crises, including HIV/AIDS and maternal mortality. This helped raise resources for previously neglected issues and aligned priorities. The MDGs served as a vehicle for generating political recognition and achievement for both donor states and developing

countries. At a practical level, the resources raised to support the health MDGs are directly linked to strengthened health services in many poor countries and similarly, to strengthened and aligned monitoring and evaluation capacities and systems.

**Weaknesses of the MDGs:**

Respondents highlighted a number of weaknesses in the MDG framework that prevented an effective response to some health sector needs. Crucially, the MDGs tended to isolate health from other aspects of development and lacked an overall vision for health. Furthermore, vertical approaches, while in some ways effective, obscured progress towards the development of comprehensive, inclusive health systems. One participant noted:

“The survival of children and the survival of mothers are tightly linked to a well-functioning health system. We have realised through our efforts that vertical interventions, such as individual campaigns, do have an impact... but they have a problem with sustainability.”

Similarly, a focus on treatment and care meant that preventive services, such as health promotion, were neglected.

It was also felt that from the outset, accountability mechanisms were not strong enough. Despite being signatories to several treaties and frameworks, poor countries with weak leadership and poor governance did not allocate sufficient domestic resources, nor did they implement plans to achieve the MDGs. Several respondents felt that independent bodies were necessary to monitor progress and report on implementation.

Participants noted that data collection and analysis, particularly disaggregated data, is insufficient to assess progress effectively.

The most important consequence of many of these failings is that progress has been inequitable and many people, particularly in rural areas, continue to lack access to health services, including reproductive health commodities. Respondents suggested that from the beginning, reproductive health has been neglected (although it has gained momentum in the last one or two years), and the whole MDG framework could have benefitted from a more rigorous focus on both human rights and metrics to ensure that progress was taking place among the most needy populations. It was noted by some respondents that many of these populations were not even aware of the MDGs or involved in the process.

## Critical junctures

- Should the health MDGs be condensed into one goal or remain separate?

Some participants felt different health issues should remain separate because otherwise major goals and health issues will be overshadowed. In contrast, others felt that health should be reflected in one comprehensive goal that responds to individual needs and universal access. One participant said: “Concerning the current MDGs, I think that the main concern [is] mother and child health... it is important now to try to see how we are going to implement all [these] concerns...”

- Should the health MDGs be carried forward – with some refinements – or should new health goals be articulated?

Some respondents voiced support for universal coverage for health as a new goal and priority, reflecting a comprehensive system. Others felt that until the MDGs had been achieved, the focus on them should not be diverted. In addition, others noted crises such as non-communicable diseases, which were left out of the MDGs.

Dr Sharmin Zahan, Programme Manager Health, BRAC, Bangladesh, said:

“There are new challenges ahead. [For example], global warming, non-communicable and infectious diseases; increase in care for chronic diseases that puts the health system under pressure, ageing population and unplanned urbanisation.”

- How to balance the responsibilities of donors and developing country partners?

Some wished to see greater allocations of domestic income going to health, but others recognised that health goals would not be achieved without foreign support. Respondents shared concerns about developing countries’ abilities to lead their own development, donors’ political agendas and donors’ needs to account for their investments.

## Recommendations:

The following aspects of the health MDGs should be carried forward:

- Global reach and applicability of the goals, as well as quantifiable targets;
- Continued efforts to improve health outcomes related to HIV, TB, malaria, maternal and reproductive health, and maintain targets and indicators (e.g. universal access to reproductive health).



The following areas, previously neglected, should be included in the next health goal(s):

- A target for domestic resources for health;
- A focus on health promotion and preventive services, together with treatment and care;
- Good governance and accountability must be in the next framework as a goal. We need greater clarity on how accountability can be monitored and governments held accountable;
- Health should be included in other areas of development (e.g. education).

## **2. What is the priority health agenda for the 15 years after 2015?**

The consultation collected views on both the key principles that should be reflected across the entire development framework, and priorities for the health sector.

The human rights framework, particularly the ‘universality’ (non-exclusion) that defines rights, was by far the most commonly cited principle or approach that should be used to guide development. This concern was often linked to observations about lack of equity in progress in the health MDGs. Universality was also applied in the sense of having a truly global development framework, where developed as well as developing countries have reforms to make in order to support sustainable development and human rights.

Other key principles that should be at the centre of the next development framework are efficiency, accountability and sustainability. Participants recognised the need to strengthen economic analysis, including cost-benefit assessments and judgments, in order to reduce wastage, and also to strengthen advocacy and resource mobilisation.

Many participants felt that in the health sector, human rights and the principle of universality, in particular, could be operationalised through the prioritisation of universal coverage for health. Increasing access to health services, particularly for those most excluded, will save lives. Specific aspects of universal coverage were highlighted: an appropriate and comprehensive costed essential healthcare package for each level of the health system; and social protection for health (e.g. insurance schemes, pool funding, including government subsidies), etc.

Participants noted:

“Healthy and functioning health systems will benefit children greatly. It means... the health system does not extend only [to] health... but involves the entire community. Therefore it is our view that strengthening the community and the links to the other tiers of the health system could be a firm basis which would in the end benefit children [and public] health.”

“I think global health could be more integrated in the future. Of course we need to keep track of the current MDGs and we should follow up on their

achievements. But many of the things said here in the civil society forum can be integrated.”

In addition to access to health services, other aspects of social determinants of health – such as quality of living and unequal distribution of resources – must be tackled simultaneously.

A broader range of stakeholders should be involved in implementing the MDGs and the monitoring and evaluating progress. It was felt that civil society partners often have special expertise in reaching the most vulnerable groups that could be utilised by governments to strengthen public services. Governments must also reform decision-making processes related to health goals to include the most vulnerable people in the decisions that affect their lives.

Similarly, advocates should observe the development and implementation of plans. They must make themselves aware of opportunities to engage in decision-making processes and government mechanisms for accountability so that they can effectively intervene, when and where necessary. On the whole, stewardship of health systems, including performance knowledge and management, needs to be strengthened.

#### **Recommendations:**

For the next development framework as a whole:

- Human rights should be an over-arching pillar of the next framework;
- Different sectors should be integrated to maximise utilisation of resources and impact.

For the health agenda in the next development framework:

- We need to articulate how to achieve health rights through targets and results-oriented plans;
- Human resources for health (spanning health and education sector) must be a key focus; health providers should be involved and held accountable;
- Prioritise health service provision in under-served areas;
- Include targets related to financial protection for health (e.g. insurance schemes, pool funding, including government subsidies, etc.);
- Strengthen health promotion and preventive services (e.g. community education and mobilisation, generating demand, etc.);
- Sexual and reproductive health and rights must continue to be prioritised, especially for young women.

### **3. How does health fit in the post-2015 development agenda? What are the best indicators and targets for health?**

In keeping with the themes of human rights and equity (see above), equity was a recurring concern in the context of monitoring and evaluating progress. Yvonne Chaka Chaka, UN MDG Envoy for Africa and UNICEF’s Goodwill Ambassador Against Malaria, said:

“Can you imagine a woman walking miles and miles for medication and, when she gets there, there’s absolutely nothing? We need to go back... and say it doesn’t matter how rich or poor someone can be, she or he needs to reach medication, because healthy people are a great resource to everything.”

In discussions about monitoring and evaluations there was a tension between recognising the need for more detailed and disaggregated data, targets and indicators, and the benefits of simple, clear metrics to monitor progress.

One respondent said:

“I think that the most important thing that we should really focus on is the fact that a child, a woman, even an adult or an adolescent is one person and we cannot focus in solving only one problem. We really need to... take care of all the health problems that [could affect one] person.”

**Critical juncture:**

- Should targets be bold and reflect an ideal world, or should we focus on making them achievable? Should targets and indicators be universal and comparable, or should they reflect contextual differences, including different baseline levels and rates of progress?

The simplicity of the MDG framework is one of its strengths, and it is this simplicity that helped to raise awareness and generate political priority for development. However, the lack of differentiated measures was a major drawback for many countries, particularly the poorest and most fragile. They could never appear to be favourable investment options compared with their rapidly developing neighbours.

Mayowa Joel, health activist, Communication for Development Centre, Nigeria, said:

“Tremendous progress has been made on the health MDGs. However, the weakness is inequality of progress between and within countries. In the post-MDG debate, the current suggestion is to emphasise common but differentiated responsibility.”

**Recommendations:**

Some clear parameters emerged, which many respondents agreed with. Targets should:

- Promote efficiency and results;
- Reflect integrated services and packages.

Indicators should:

- Champion equity by reporting disaggregated results by significant, known areas of disparity, such as gender, age, residence, wealth quintile, etc.;

- Measure health service access and outcomes across the lifespan, from infancy to old age;
- Be simple to understand and measure.

Monitoring and evaluation systems and practices should be:

- Transparent and open to scrutiny;
- Independent from government and implementation bodies;
- Include government and non-governmental providers in order to be more universal, more comprehensive;
- Involve civil society actors, including marginalised groups, in the development of indicators and in monitoring and evaluation;
- Comply with principles of aid effectiveness, including coherence with other areas of government policy and development (especially economic policy);
- Have powerful mechanisms to hold those in power to account;
- Be linked to mechanisms to support implementation and create peer pressure.

Specific indicators in the health sector should include:

- Domestic allocations to the health sector;
- Universal Health Coverage (UHC) indicators, such as:
  - Coverage of service delivery among target or high-risk populations;
  - Coverage of social/financial protection for a defined package of essential health services;
  - Essential medicine management (e.g. forecasting, procurement);
  - Availability, or ratios, of qualified health personnel to population;
- Socio-economic indicators;
- Existing indicators in the health MDGs (e.g. universal access to reproductive health, reduction of infant and maternal mortality, new incidence of HIV, etc.).

Participants also noted the need for robust, credible data within developing countries. Currently, the data that is available and data management capacities are not sufficient to produce detailed knowledge about the disaggregated impact of development interventions. Governments also need demographic and epidemiological data in order to plan effectively for health services as well as social care, employment, economics and many other areas. Better knowledge related to population can enable governments to prepare for issues such as ageing populations and demand for family planning.

#### **4. How can country ownership, commitment, capacity and accountability for the goals, targets and indicators be enhanced?**

Participants agreed, almost universally, that existing accountability mechanisms are insufficient to hold governments to account for their commitments. We need more levers and mechanisms to ensure that governments fulfil their obligations.

Cecilia Lodonu-Senoo, Vice-Chair of the Ghana Coalition of NGOs in Health, Ghana, said: “The current MDGs have not provided sufficiently binding accountability measures for holding both Northern and Southern (donor-recipient) countries to account for the progress made towards the MDGs.”

Examples of such levers include the inclusion of health in the constitution. In some cases this can be a powerful mechanism. For instance in South Africa, health is recognised as a constitutional right, while elsewhere it is mentioned in the constitution in a way that is not legally binding. Civil society advocates should push for legislation that articulates specifically the responsibilities and jurisdiction of local, national and regional authorities for health service delivery. The Nigerian National Health Bill, for example, seeks to lay out these boundaries and obligations. Such frameworks can assist in holding governments to account and help public service providers themselves to understand what their responsibilities are.

Some participants highlighted the importance of publicly acknowledge baselines and targets for health goals. When published by the government, these figures serve as the measures against which governments hold themselves to account, and which civil society can hold the government to account. This adds credibility and legitimacy to civil society advocacy work. African civil society organizations, in particular, stated they felt vulnerable because their governments labeled them adversaries when they performed a ‘watchdog’ role. One participant said:

“Civil society is the only one able to raise all the concerns, even [those] that are not obvious or seen at the national or global level. Taking on board all the stakeholders means taking on board all civil society and not seeing them as contraries or adversaries.”

Another strategy for enhancing accountability is for civil society to engage with those who are accountable, for instance for human resources for health or management. Advocacy with parliamentarians can also be effective.

The next development framework must reflect the priorities and agendas defined by developing countries themselves, including government and civil society actors. Although expensive and time-consuming, participation and joint working to develop a new framework is worthwhile.

We need more knowledge about how local, grassroots NGOs, in particular, would like to be engaged in this process and how they see themselves collaborating with government to achieve common health goals.

**Recommendations:**

- Developing country governments must demonstrate effective leadership by allocating more resources to health and demonstrating transparency and results;

- In development plans, governments must clearly articulate the role and responsibility of local government and provide support for accountability mechanisms, such as monitoring and evaluation;
- Civil society should advocate for governments to make legally binding commitments to health (e.g. establishing health as a constitutional, fundamental right);
- CSOs, including health workers, should be involved in implementation, monitoring, evaluation, policy and planning of public health goals.

## Conclusion and over-arching recommendations

The Dar es Salaam civil society consultation on health in the post-2015 development framework brought together advocates, service providers, researchers and administrators working in Tanzania, elsewhere in Sub-Saharan Africa, Asia, Europe and other developed countries.

It was a unique opportunity for public health professionals to meet and discuss common concerns and possibly also joint strategies for addressing them. But it was also a key opportunity for them to provide their input into a global process, the result of which will have a lasting and profound impact around the world in the years ahead.

The civil society consultation had four key objectives, to:

- 1) Document progress and lessons learnt from the MDGs;
- 2) Gather views, stimulate discussion and reach points of consensus on how health should be positioned in the next development framework;
- 3) Propose health goals and related targets and indicators for the next development framework; and
- 4) Gather civil society views on governance and accountability, including the role of civil society actors in these fields.

Action for Global Health designed and implemented four complementary strategies to fulfil these objectives. Over the course of the GAVI Partners Forum, which brought together many key players in global health, we spoke to many civil society representatives and gained their input through video messages, open-ended questionnaires and participation at a breakfast dialogue.

Immediately following the Partners Forum, we hosted a half-day civil society forum where CSOs had the opportunity to discuss, debate and challenge ideas about the health MDGs and health in the next development framework. Their voices were recorded and are duly presented in this report.

Detailed recommendations on each of the objectives above are found within the report. The over-arching recommendations, which emerged again and again, are as follows.

### **Recommendations:**

- Health has an important place in the next development framework. Goals and indicators from the MDGs should be carried forward, incorporated within a comprehensive vision and goal on health that seeks to achieve UHC and especially to distribute health benefits among poor and marginalised groups more effectively;

- The next development framework must seek to achieve a balance between simplicity – one of the strengths of the MDGs – and achievable, context-specific targets and indicators;
- Health is inextricably linked to other sectors and there is a critical need – for the purpose of maximising resources as well as impact – to link up different sectors and achieve policy coherence (particularly in economic policy);
- The next development framework must clearly articulate indicators and methods of measuring accountability. It must establish levers to hold governments – in developing and developed countries – to fulfilling their commitments. Civil society must be involved in accountability monitoring and evaluation.



## APPENDICES

### ANNEX A: Civil society forum, 8 December 2012, 8h00-11h00

#### AGENDA

Action for Global Health is convening civil society actors present at the GAVI Alliance Partners Forum. The gathered participants will seek to address the following four questions:

1. What are lessons learned from the health MDGs?
2. Framing the future health goal – How does health fit into the post-development agenda?
3. Measurement of progress towards the health goals – What are the best indicators and targets for health?
4. How can country ownership, commitment, capacity and accountability for the goals, targets and indicators be enhanced?

The discussions and opinions to be collected will form the basis of a brief report to be submitted to the UN by 15 January 2013.

#### Agenda

08h00 – Welcome (AfGH) & breakfast

08h00-08h30 – Introduction

- Housekeeping - format of the meeting.
- Setting the frame of the UN consultation process: the aims of the working session.
- Update of the main results from the ‘creative consultation’ at the GAVI Partners Forum and introduction of the three main questions to address (based on input out the GAVI Partners Forum).

08h30-09h45 – Break into three working groups to discuss following questions:

- Principles: Based on lessons learned from the existing MDGs, what are key principles within the existing MDGs civil society wants to keep and promote into a future framework? And what principles were missing from the MDGs that need to be included in the new framework?
- CSO perspective on future development framework: What approaches (rights-based and results/outcomes-oriented) would you want to promote as CSOs in order to enhance the place of health in a future framework?
- Accountability: How do you hold governments accountable as civil society in the North and South? What targets do we need to include in a future framework? What type of indicators should we promote?

Note: Each working group is composed of a Southern CSO representative leading for each theme; AFGH staff facilitating the session.

09h45-10h15 – Coffee break and ‘gallery walk’ (view working group outcomes)

10h15-11h00 Plenary session:

- a. Presentation of main discussions by working group rapporteurs
- b. Q&A by non-CSO participants joining
- c. Closing remarks

### Participants

<i>Name</i>	<i>Organisation</i>
Christine Albrecht	UN Foundation
Dr Stephen Ayella	Save the Children Tanzania
Koleen Bouchane	Results
Stephen Chima	Retired civil servant
Jennifer Dietrich	Stop TB Partnership
Abeyeta Djenda	Union des NGOs de Togo
Yohana Dondi	Kiyangiri Development Association Union
Lubna Hashma	Civil Society Human & Institutional Development Programme (CHIP) Pakistan
Dr Mayunga Hermengild	Orphans Relief Services Tanzania
Godfrey Hicheka	Reach the Children Tanzania
Mayowa Joel	Community for Development Centre Nigeria
Kiti Kajana	American Cancer Society
Fortunate Kayumbo	Tanzania Parliamentarians Against Malaria and Neglected Tropical Diseases (TAPAMA)
Huma Khauson	CSO Support Pakistan
Edward Kinabo	Johns Hopkins University (Advance Family Planning Programme)
Lutgard Kokulinda Kagaruki	Tanzania Tobacco Control Forum
Stevenson Lincoln	Care of the Needy
Enoch Mangasini	Sightsavers
Kirsten Mathiesson	Save the Children UK
Alphonse Mgunde	TAPAMA
James Mlali	Human Development Trust
Hector Mongi	Tanzania Tobacco Control Forum
Jessica Nchimbi	Mtoto Network and Care Of The Needy
Lokola Ndibalema	Agency for Cooperation and Research in Development (ACORD) Tanzania
Nachilala Nkombo	ONE Africa
Anders Nordstrom	Ambassador for Global Health, Swedish Ministry for Foreign Affairs
Bruno Rivalan	Global Health Advocates France
Fritz Steinhausen	Action Medeor Tanzania
Maureen Urio	Marie Stopes International
Khobaib A. Vahedy	Muslim Aid
Alicia Yamin	Health Rights of Women and Children and Beyond

	2015 Executive Committee
Sharmin Zahan	BRAC Bangladesh

**ANNEX B: Questionnaire**

(Text boxes below are smaller than their original size.)

**Post-2015 Questionnaire for the health thematic consultation**

**What lessons have we learned from the health MDGs that we can take into the future?**

- Did the three health MDGs contribute to improved health outcomes of people? If so, how?

- According to your vision and experience, what was missing in the MDG framework to respond to the needs in the health sector?

- What, if anything, should be kept from the three health MDGs as we develop the next framework?

**How does health fit into the future framework?**

- What are the key principles in which health should feature in the post-MDGs framework, for example: human rights; accountability; sustainability; equity; solidarity; universality; others:

List which one is the most important and explain why (*Please add any other principle that is not listed if you prefer*).

- Which approaches/concepts can include the key principles we need for global health: (for example, Universal Health Coverage (UHC); social determinants of health; life expectancy; health system strengthening; others). Explain briefly why.

**How can we ensure we measure progress?**

- Which criteria are needed to identify indicators and targets to measure progress (for example, clarity; effectiveness; accountability; others). Please explain your choice.

- Which indicators will respond to those criteria? (For example, human resources; targeted group of population; coverage of service delivery; financial risk protection; health impact; others). List them in priority order and add a target if possible.

**Ensuring a process and outcome that is relevant to the key stakeholders:**

- How can country ownership, commitment, capacity and accountability for the goals, targets and indicators be enhanced?

- How can we ensure effective working relations between countries and global partners in terms of alignment and harmonisation with a focus on development results?

If you have any other comments please add them here:

Please write your details here:

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Sector: \_\_\_\_\_

**Thank you for completing our questionnaire!**