Global health governance after 2015

The report of the High-Level Panel[1] appointed by the UN Secretary-General to advise on the global development framework beyond 2015 has been rightly acknowledged by Michel Sidibé and Kent Buse (June 22, p 2147)[2] for its inclusiveness and its emphasis on global partnerships and accountable institutions. However, universal health coverage was not included as a goal or target, despite its emergence as a unifying theme among the global health community.[3] The targets proposed by the High-Level Panel are expressed along specific health challenges, interventions, and diseases, which might further deepen the current fragmentation of health delivery platforms, already seen by many as an undesired side-effect of the current Millennium Development Goals. While we fully share the High-Level Panel's concern for sexual and reproductive health, why emphasise the notion of universal access with respect to one health area only? Would it not make more sense to invest in comprehensive health-care delivery platforms? We fear that the proposed targets will lead different advocacy networks to aim for clearer and more ambitious targets for the issues of their concern, and thus they will be pitted against each other, while universal health coverage anchored in the right to health would allow united advocacy.[4]

It has been argued that universal health coverage is difficult to measure. That might be true, but the same holds for several goals and targets proposed by the High-Level Panel. If we can find good indicators for proposed target 1c—"Cover x% of people who are poor and vulnerable with social protection systems"—we should be able to find good indicators for universal health coverage. One of the targets proposed—to reduce the maternal mortality ratio—could in fact be useful for universal health coverage.

Why do we support universal health coverage? Simply because we share the High-Level Panel's vision of a world where the principles of equity, sustainability, solidarity, respect for human rights, and shared responsibilities in accordance with respective capabilities, have been brought to life. And, as Fuenzalida-Puelma and Scholle Connor[5] concluded after examining the right to health in the constitutions of several countries for the Pan American Health Organization, the right to health would be better understood as a right to health protection, including two components: a right to health care and a right to healthy conditions. That is why we propose one health goal—the realisation of the right to health for everyone—and two targets: comprehensive universal health coverage anchored in the right to health and a healthy social and natural environment for all, as proposed in the recent Go4Health report.

We declare that we have no conflicts of interest.

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1 High-Level Panel of Eminent Persons on the Post-2015 Development Agenda. A new global partnership: eradicate poverty and transform economies through sustainable development, 2013. http://www.un.org/sg/management/pdf/HLP_P2015_Report.pdf (accessed June 2, 2013).
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3 Vega J. Universal health coverage: the post-2015 development agenda. *Lancet* 2013; **381:** 179–80.
4 Ooms G, Brolan C, Eggermont N, et al. Universal health coverage anchored in the right to health. *Bull World Health Organ* 2013; **91:** 2–2A.
5 Fuenzalida-Puelma H, Scholle Connor S. The concept of the right to health. In: Fuenzalida-Puelma H, Scholle Connor S, eds. The right to health in the Americas. Washington, DC: Pan American Health Organization, 1989: 596–607.

The call by Michel Sidibé and Kent Buse[1] to abide by AIDS governance is timely given the ambitious global health post-2015 agenda currently being framed. Certainly, governance has played a vital role in the AIDS response.[1] But if governments should move from a model of mutual accountability to a model of people-centred accountability,[1] then culture offers a vital context for how the AIDS response after 2015 should be understood.

Culture can be defined as a collective sense of consciousness active enough to influence and condition perception, judgment, communication, and behaviour.[2] To open up to culture is to allow it to become the object of knowledge so as to perceive its conditioning power.[3] Culture is the bedrock, the foundation, on which people-centred movements are constructed, given its inclusive and non-judgmental nature. Furthermore, attention to culture fosters the recognition that needs vary according to local epidemics.[1]

Unfortunately, many have fallen into the traps of what Chimamanda Adichie termed the danger of a single story[4] whereby culture is viewed as an obstacle to effective AIDS response. Fortunately, culture is increasingly recognised as a force for sustainable development post-2015.[5] If the participation of people and communities most affected by AIDS is crucial to the legitimacy of AIDS initiatives post-2015,[1] then it is time for us to work together to harness the power of culture.

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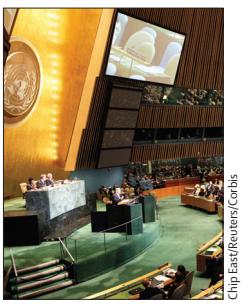

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