ORIGINAL RESEARCH

Health for all: Implementing the Right to Health in the Post-2015 Agenda:
Perspectives from the Global South

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Abstract

In September 2015 UN-member states agreed on a new framework to replace the Millennium Development Goals (MDGs). The new framework will guide global health politics, an area which is increasingly important on global agendas, and affect the lives of billions of people. One major question arising in the recent debates on the Post-2015 process is the extent to which the new process will be able to oblige states, international organizations, and private health actors to establish and contribute to health systems that are equally accessible to all. This study re-examines the Post-2015 debate utilizing the critical perspectives offered by social movement networks, and it uses these perspectives to examine the concept of global governance and more specifically global governance for health.

This study will employ the critical perspectives emerging from the Global South that posit that global governance for health improves the situation for the structurally marginalized only when it is part of a *general transformation* of the existing world order. Global governance in general needs to be

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reframed using a bottom-up and human rights based approach that empowers those who are affected by political decisions made at the national and global level.

Introduction

In September 2015, 193 UN-member states agreed on a new framework to replace the Millennium Development Goals (MDGs). The new framework – also known as Agenda 2030 – will guide global health politics, an increasingly important topic on global agendas. Agenda 2030 includes 17 sustainable development goals and 169 specific sustainable development targets. It will affect the lives of billions of people.

One major issue arising in the recent debate on the Post-2015 process is the extent to which the process will have the potential to oblige states, international organizations, and private health actors to establish and contribute to health systems that are equally accessible to all.

In the past decades significant progress has been made in raising awareness of the need to form a holistic approach to health. A variety of civil society actors, including social movements and academic experts, have promoted the concept of global health governance

The field of contemporary Global Health faces important challenges. The lack of universal public health services pushes 100 million people into poverty every year.[1] Hence a major critique, especially among local and transnational social movements from the Global South, is that present health policies are incapable of addressing the needs of the majority

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[1] http:www.who.int/features/factfiles/universal_health_co verage/facts/en/index2.html.

of the people. The poor and the rural segments of populations from low- and middle-income countries are particularly vulnerable to being left behind.[2]

The aim of this study is to examine these critical reflections and analysis from the perspective of political theory.[3] The author posits that the recent Post-2015 debate should be interpreted as a political struggle involving many actors with competing and contradicting rationalities and interests, operating in the context of hegemonic (i.e. asymmetrical) power relations.

This study has two major objectives: First, to critically re-examine the Post-2015 debate utilizing the critical interventions of social movement networks; and secondly, to relate this analysis to the concept of global governance and more specifically global governance for health. Using the critiques posited by social movement networks provides this study with a basis for answering the research question of what a comprehensive approach to global health should look like.

Methods

Selection criteria

The selection of the social movements for analysis was made by a literature-based inquiry identifying those counter-movements from the Global South that challenge the established global health regime by coordinating civil society actions in a transnational manner. All networks claim that health governance needs to be rethought systematically.

Data Analysis

I analyzed position papers and did semi-structured oral and postal interviews with representatives from the Peoples Health Movement (PHM), the Third World Network (TWN), the Community of Practitioners on Accountability and Social Action

in Health (COPASAH), the Health Rights Advocacy Forum (HERAF), the Coalition for Health Promotion and Social Development (HEPS), the Network on Equity in Health in Southern Africa (EQUINET), the Training and Research Support Centre (TARSC), the Society for Health Awareness, Research and Action (SOCHARA), the Centro Brasileiro de Estudos de Saúde (Cebes), and the World Social Forum. All these social movements work on the Post-2015 process, the human right to health and understand their work as a contribution to counter-hegemonic struggles.

Research Question

My thesis is based on the premise that struggles over global health are *political matters*. That is to say, global health issues have to be discussed in the context of complex power constellations that have a deep impact on the wellbeing (or non-wellbeing) of societies and individuals. As a consequence of this political understanding, the critical analysis of the Global South argues that global governance for health improves the situation for the structurally marginalized, only if it is part of a *general transformation* of the existing world order. Consequently, Global governance needs to be reframed using a bottom-up and human rights based approach that empowers those who are affected by the political decisions made at the national and global level.

This thesis will be presented in three steps: First, I will provide a general overview of how critical social movement networks in the South understand and evaluate the post-2015 debate. Second, I will explore three major concepts that have shaped the recent debate: the human right to health, the social determination of health, and Universal Health Coverage (UHC). Finally, I will link these three topics into a general reflection on the deficits of existing global governance structures. In conclusion, I will outline an alternative model of global governance for health that emerges from the critical perspectives from social movements in the Global South.

Mixed expectations for the Post-2015 Agenda

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[2] Narayan: The role of the People's Health Movement in putting the social determinants of health on the global agenda. Health Promotion Journal of Australia 2006, p.186-189

[3] J. Butler/ E. Laclau./S. Žižek (ed.): Contingency, Hegemony, Universality: Contemporary Dialogues On The Left, London and New York: Verso, 2000 and C. Mouffe: Hegemony, Radical Democracy, and the Political, edited by J. Martin, London: Routledge, 2013.

The international community is engaged in an intense debate over the characteristics of an appropriate development model. Being well aware of the shortcomings of the Millennium Development Goals (MDGs), many actors want to avoid repeating prior mistakes.

I want to start with a brief summary of the lessons learned from the MDG-Process, taking a perspective of the Global South. Let us start with the positive impact of the MDGs: It is generally agreed the Millennium Declaration provided a unique chance to redefine development and to move from "business as usual" to a more radical and transformational agenda. Various social movement networks recognize that the Millennium process did offer civil societies an opening to demand improvement of the global health situation. Given this, the MDGs offered an instrument for securing measurable commitments from countries and for putting pressure on governments and donors; the successes of HIV, TB, and Malaria-related campaigns demonstrated what was possible.[4] Moreover, social movements appreciated that global poverty reduction was seen as intrinsic to human development and wellbeing. This meant that the fight for health and the fight against poverty were linked.[5]

However, one of the major shared critiques of all networks is that the MDGs *have not led to a fundamental change of power relations.* The MDG 8[6],

which called for a global partnership for development, failed to bring about a structural transformation in the relationships between the Northern and Southern countries.[7] Evidence developed by the Participate Initiative[8] demonstrated that those living in extreme poverty and marginalization have not significantly benefited from the Millennium Development Goals.[9]

In essence, the MDGs were imposed in a top-down fashion by the rich industrialized countries of the Global North; the Global South was left with the responsibility for making sure that the goals were implemented. Moreover, the MDGs were conceived of as a *policy objective rather than as a binding standard under international law.*[10] They did nor therefore empower people from the Global South to make claims either against their own nation or against the international community. Some even argue that the MDGs were duplicative or even damaging to already existing human right norms.[11]

In the view of organizations like the Third World Network (TWN), these failures can be traced to a one-sided concept of development that focused

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Edward Miano Munene, Health Rights Advocacy Forum (HERAF), Oral Interview, Health Rights Advocacy Forum (HERAF), June 27th, 2014

[5] At this point the MDGs do stand for *a paradigm shift* in global development policies as poverty has been marked as a non-acceptable global problem.

[6] Goal 8 refers to a commitment of the international community to develop a global partnership for development

- Target 8A: Develop further an open, rule-based, predictable, non-discriminatory trading and
- Target 8B: Address the Special Needs of the Least Developed Countries (LDCs)
- Target 8C: Address the special needs of landlocked developing countries and small island developing States
- Target 8D: Deal comprehensively with the debt problems of developing countries through national and in-

ternational measures in order to make debt sustainable in the long term

[7] David McCoy, Medact/PHM, Oral Interview, July 3rd, 2014, PHM and Medact, Oral Interview, June, 3rd, 2014

[8] www.participate.org "Participate Participatory Research Group (PRG)" 'Work with us' report

[9] Kenneth Mwehonge, Coalition for Health Promotion and Social Development (HEPS Uganda), Postal and Oral Interview, July 18th, 2014, Postal Interview, July 18th, 2014

[10] Edward Premdas Pinto, Compasah and Centre for Health and Social Justice, Postal Interview, August 17th, 2014

[11] Human Rights Standards: Learning from Experience, International Council on Human Rights Policy. Versoix, Switzerland, 2006 available under: http://www.ichrp.org/files/reports/31/120b_report_en.pdf, 2014 and Centre for Economic and Social Rights: WHO WILL BE ACCOUNTABLE? Human Rights and the Post-2015 Development Agenda, available under: http://cesr.org/downloads/who_will_be_accountable.pdf; http://www.un-kam-pagne.de/fileadmin/downloads/news3/final_human_rights_and_mdgs_brochure.pdf

solely on poverty reduction while ignoring other relevant aspects of human development.[12,13] Given these shortcomings, *wide gaps in access to resources for health* remain in many states in the Global South.[14] These reflections suggest the need for a new paradigm of "Global Health" that would be developed through "*collective reflection.*"[15]

The main accusation against MDG-type global health policies is that they offer a monolithic-technocratic model that reinforces a neoliberal top-down governance structure dominated by Global North perspectives.[16,17] There is concern that this mistake will be repeated in the Post-2015 development agenda.

Expectations of social movement actors related to Post-2015 are mixed. Some actors are optimistic – as far as raising awareness is concerned – that the Post-2015 debate will improve the health situation for low and middle-income countries. For governments in the Global South, Agenda 2030 could be a wake-up call.[18] It offers them the opportunity to plan and prioritize their national health policies. Others argue that it will be a great challenge to implement the new framework in these countries. To do so, it will be necessary to adapt the global agenda to the specific cultural, economic, and political circumstances of individual countries. This process should also include rethinking the concept of international assistance. Rich countries should be *obliged* to engage in a process of wealth redistribution based on an institutionalized solidarity principle.[19]

All social movement networks share the viewpoint that improvements in the existing development agenda will not depend upon the ratification of the individual goals and targets. It is time to overcome the inadequacies of the MDGs by establishing a universal and holistic development agenda that goes beyond the current paradigm based on donations and charity. Social movements must be empowered to pressure for participatory governance structures.[20]

Some members of social movement networks express the hope that new political actors will appear – with roots in both civil society as well as the

[12] Y. Akyuz: Post-2015 Development Agenda and Sustainable Development: Perspectives of the South Centre, Working Paper South Centre, Published in October 2013, available under: http://www.southcentre.int/wp-content/uploads/2013/10/Post-2015-and-SDGs-Perspectives-of-the-South-Centrer1_EN.pdf; viewed May 15th, 2014

[13] People's Health Movement: PHM supports a civil society statement calling for a stand-alone goal on EQUITY in the post-2015 development agenda available under: http://www.phmovement.org/en/node/9485, viewed May 29h, 2014

[14] EQUINET Training and Research Support Centre (ed.): Equity in health in the Post-2015 development goals, Policy Series 33, 2013, available under:http://www.tarsc.org/publications/documents/Pol%20brief%2033%20post%202015.pdf , viewed March 21h, 2014

[15] R. Narayan, SOCHARA, Bangalore, Postal interview, July 7th, 2014

[16] R. Balakrishnan/D. Elson: The Post-2015 Development Framework and the Realization of Women's Rights and Social Justice, in: Working Paper of the Center for Women's Global Leadership, School of Arts and Sciences Rutgers, The State University of New Jersey, available under: http://www.eldis.org/go/home&id=63562&type=Document#.VUtBkpPIa8g, viewed 2nd April, 2014

[17] Despite this critique some networks such as TWN reason to readdress the Millennium Declaration as a core document for the Post-2015 process, but recognize that the world has changed significantly economically and geopolitically since the 1990s. They arguement that the MDGs did not correspond with the content of the Millennium declaration which offered an intersectional approach referring to human rights, to peace-building, security and good governance. In this sense, the declaration included a more complex understanding of development whereas the MDGs where one-dimensionally fixated to single goals neglecting interwoven fields of action. See: Radhika Balakrishnan/Diane Elson: The Post-2015 Development Framework and the Realization of Women's Rights and Social Justice, 2012, available under: http://www.twnside.org.sg/title2/sdc2012/sdc2012.121201.htm

[18] Edward Miano Munene, Health Rights Advocacy Forum (HERAF), Oral Interview, Health Rights Advocacy Forum (HERAF), June 27th, 2014

[19] ibid.

[20] Edward Miano Munene, Health Rights Advocacy Forum (HERAF), Oral Interview, Health Rights Advocacy Forum (HERAF), June 27th, 2014; Kenneth Mwehonge, HEPS Uganda, Postal and Oral Interview, July 18th, 2014, Postal Interview, July 18th, 2014; David Sanders, PHM, Oral Interview, July 27th, 2014

local private sector – who will compensate for failing state-structures in the countries of the Global South.

A common theme in south critiques is that community based knowledge production and political capacity building should be addressed directly in the health-related parts of the Post-2015 agenda.[21] In fact, all networks share a central claim: the Post-2015 agreement should focus on systemic reforms based on a human rights approach and a serious commitment to bottom-up processes. The central demand is for a process of (g)local participation in the structure of governance for health.[22] Governments both in the North and South must take responsibility for charting a new development path that is inclusive, just, equitable, accountable, and sustainable.[23]

But there is also skepticism over the extent to which Agenda 2030 will be capable of improving the situation in the Global South. It is argued that the agenda must be legally enforceable in order to be effective.

This brings us to the first big topic in the Post-2015 debate: the right to health.

The human right to health

Around the world, health-related local and transnational movements are starting – or restarting – to recognize the importance of human rights as a *fundamental part of social justice*. Civil society leaders and their policy papers are unanimous that the Post-2015 framework should be based on a human rights perspective.

About 105 national constitutions worldwide already address the right to health or the right to med-

ical care or public health. The right to health is already codified through numerous international agreements, most prominently the International Covenant on Economic, Social, and Cultural Rights (ICESCR) and the Universal Declaration of Human Rights.[24,25] Many countries have failed to fulfill their obligations under these agreements.

Health is a common good; thus it requires collective responsibility. The civil society perspective emphasizes that structural violations of the right to health are the inevitable outcome of an unfair world order, i.e. deregulated capitalism. They argue: "These kinds of violations are often unmonitored, unmeasured, and are too numerous to quantify. As they form a part of a process of systematic violations of other rights, any commitment for the right to health cannot be conceived in isolation from a broader human rights approach." [26,27] Such an approach should be inter-sectorial and based on the idea of universal social protection as a key policy for human development.

Consequently, tackling structural marginalization and inequalities must be a priority for both governments and the international community. Therefore, a rights-based and people-centered approach is needed which explicitly focuses on social justice and recognizes the need for long-term policies and programs."[28]

Critical approaches stress that a focus on individuals runs the risk of missing the structural dimensions of health. Equity should be regarded as a

[21] Isabela Santos Soares, CEBES, Postal Interview, August 21st, 2014; Maria Zuniga, PHM Nicaragua, Oral Interview, August 11th, 2014

[22] V. Roudometof: Transnationalism, Cosmopolitanism, and Glocalization. *Current Sociology* **53** (1): 113–135, 2005

[23] D. Burns/C. Gorman: Designing Inclusive Targets for a Post-2015 Agenda, in: Institute of Development Studies (IDS), IDS POLICY BRIEFING, June 2014, available under:
http://opendocs.ids.ac.uk/opendocs/bitstream/handle/123456789/4021/PB68.PDF?sequence=1, viewed at August 17th, 2015

[24] "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health" (article 12).

[25] The right's principles are detailed most prominently in the General Comment 14 of the UN Committee on Economic, Social and Cultural Rights.[25]

[26] Nicoletta Dentico: Nutrition, Pathologies of Power and the Need for Health Democracy in: *Development* (2014) 57(2), 184–191, p. 191

[27] Also arguing in this perspective: Global Health Watch 3, An Alternative World Health Report, edited by Peoples Health Movement, Medact, Medico International, Third World Network, Health Action International, Lon-

Edward Miano Munene (HERAF), Oral Interview, June 27th 2014; Kenneth Mwehonge, HEPS Uganda, Postal and Oral Interview, July 18th, 2014

fundamental principle in the debates over how to realize "equal access to health services."[29,30] Moreover, interviewees emphasize, it is essential that human rights standards to be formulated or at least informed by those who are affected by human rights violations. Social movements representing marginalized groups such as the poor, the handicapped, and people discriminated against due to their sex, race, class, and religion should be involved in the creation and implementation of the right to health agenda.

From a *normative perspective* this means that democracy and human rights law are logically intertwined. That is to say: in an ideal perspective, human rights law is only non-arbitrary and non-exclusive, if those who are addressed by a law are also the authors of the law.[31] Human rights have to be informed by those who are the victims of unjust structures. This is essential to ensure that human rights are appropriately contextualised, clearly linked to social mobilisation, and based on deep political analyses of national and global structures and policies.[32]

At the same time human rights are important references that can empower health movements. Struggles around HIV/AIDS medicines in certain African countries have demonstrated this, showing that they are important "ways of holding duty bearers accountable."[33]

But universal claims are constantly subject to de-politicization and distortion by those in the service of hegemonic power. Emancipative vocabulary can be cynically integrated into various forms of self-representation. Both states and transnational corporations have used this technique to blunt social demands and avoid taking concrete actions.

Quite often, official references to human rights norms take the form of soapbox oratory, which has no real impact on the realization of these rights.

Moreover, transnational corporations, such as pharmaceutical concerns and insurance companies, try to maximize their profit with vague references to human rights talk as a form of healthcare marketing. Human rights projects are always at risk of becoming an elite-driven project disconnected from those whose rights have been violated. Legal experts interpreting and producing human rights norms may be totally alien to the daily struggles of marginalized groups.

What does this mean for us as we reflect on the necessity of putting the right to health at the center of the Post-2015 debate? Local and transnational health organizers and human rights activists try to use human right talk (the human right to health) as a reference for both legal *and* democratic self-empowerment.[34] At the same time, we have to be aware of the ambivalence inherent in human rights discourse; it can be hegemonically and ideologically abused.

Various social movement networks highlight that additional global legal requirements might be needed for civil society to effectively put pressure on national governments and hold them truly accountable. This is especially true for the right to health, which is often not well stipulated in national constitutions. In India, for example, the state has never passed a law guaranteeing the right to health care.[35] Uganda is another example where the right to health is not embedded in the constitution.[36] In these cases, it is essential that human rights standards should be backed by an international legal structure which requires that domestic laws promote equal (or rather equitable) access to health care. A Framework Convention on Global Health (FCGH), for example, could help extend and deepen the right

[29] David McCoy, Medact/PHM Oral Interview, July 3rd, 2014,

[30] Maria Zuniga, PHM Nicaragua, Oral interview, August 11th, 2014

[31] J. Habermas, *Between Facts and Norms*, MIT Press, 1996

[32] David Sanders, PHM, Oral Interview, July 27th, 2014

[33] Kenneth Mwehonge, HEPS Uganda, Postal and Oral Interview, July 18th, 2014

[34] N. Meisterhans, Menschenrechte als weltgesellschaftliche Herrschaftspraxis, Zur herrschaftsbegründenden Demokratisierung und Konstituionalisierung der Menschenrechte, Baden Baden, 2010

[35] Edward Premdas Pinto, Compasah and Centre for Health and Social Justice, Postal Interview, August 17th, 2014

[36] Kenneth Mwehonge, HEPS Uganda, Postal and Oral Interview, July 18th, 2014,

to health.[37] Consequently, it could be a crucial component of the Post-2015 process.[38,39,40] It must be emphasized, however, that such additional requirements are only legitimate and effective if they stem from (trans-)national social movements with a strong capacity to mobilize and pressure the international community to create and implement new rights.[41]

We can conclude by noting that the conditions for the realization of a human right to health depend upon a bottom-up logic as well as the capacity of civil societies to organize campaigns on the national and transnational level. Human rights embody a social learning process originating from social struggles for legal recognition (workers' rights, womens' rights, civil rights, indigenous rights, etc.). One can say that struggles for human rights are based on the claim to have a right to rights (Hannah Arendt).[42] All rights are linked intersectorially and depend on social and political determinants, as I will show in the next section.

The social determinants of health in the Post-2015 agenda

Social determinants of health are economic, cultural, environmental, and social conditions under which people live and which determine their health. Virtually all major diseases are primarily determined by specific exposures to conditions that result from social, economic, and political forces based on a "process of social determination."[43]

It is argued that focusing on social determinants helps raise awareness that health is an intersectorial problem. The WHO Commission on Social Determinants mentions not only social inequalities but also the social factors from which these inequalities develop. There are many relevant factors, including war, migration,[44] displacement of populations, discrimination based on race or gender, the ghettoization of the poor, and the exploitation of natural resources.[45]

In 2011 the WHO convened a global conference in Rio de Janeiro, Brazil focusing on the implementation of an action plan addressing the social determinants of health; this plan has also informed the debate on the Post-2015 agenda.[46] After this meeting two supra-national institutions were created which were to develop an appropriate strategy and governance structure to address the social determinants of health. Both the Open Working Group on Sustainable Development Goals and the High-Level-Panel of Eminent Persons (also known as High-Level-Political Forum) are key elements of the emerging global governance structure promoting sustainable development. Two main principles govern this project: one is "to leave no one behind" and the other is to "ensure healthy lives." Both principles ought to be linked to a strong commitment to "equity."

Many movements argue that the debate on the social determinants should be closely linked to human rights; "(m)ost of the targets mentioned in the proposal for the SDGs are already recognized as part of the human rights framework."[47] For instance, the right to food is already recognized as a human right under the ICESCR. Likewise, the right to water is recognized as a human right through a resolution of the UN-General Assembly.

Even though human rights, including the demand for equity and accountability, are recognized as principles there is little chance of any specific

[37] Edward Premdas Pinto, Compasah and Centre for Health and Social Justice, Postal Interview, August 17th, 2014

[38] Kenneth Mwehonge, HEPS Uganda, Postal and Oral Interview, July 18th, 2014,

[39] David Sanders, PHM, Oral Interview, July 27th, 2014

[40] *"To be realized, the right to health must be legally established, statutory and free at the time of use for every citizen"*. Interview, Isabella Soares Santos

[41] David Sanders, PHM, Oral Interview, July 27th, 2014

[42] H. Arendt: Elemente und Ursprünge totaler Herrschaft. Antisemitismus, Imperialismus, totale Herrschaft, 2003, English translation: The Origins of Totalitarianism (1951)

[43] Maria Zuniga, PHM Nicaragua, Oral interview, August 11th, 2014

[44] http://www.healthallianceinternational.org/advancing-global-health/war-and-public-health/

[45] Edward Premdas Pinto, Compasah and Centre for Health and Social Justice, Postal Interview, August 17th, 2014

[46] http://www.who.int/social_determinants/en/

[47] K.M. Gopakumar, Third World Network, Oral and Postal Interview, August 6th, 2014

obligations being incorporated into the sustainable development goals (SDGs). Despite strong demands by civil society to use a human rights framework as the basis for the SDG, the current approach is not rights-based. It lacks coherence by addressing various targets without offering a systematic vision.[48]

Critics argue that there has to be a political will to implement these rights. And such a political will depends on the capacity of local, national, and transnational civil societies to push governments and the international community to be sensitive to the complexities of health and wellbeing.

Social movements note that raising the issue of social determinants is a further recognition of the political dimension of health. Highlighting the internal connection between the social and political determinants of health helps to make the political dimension of the social more explicit.[49,50] If these interrelations are neglected – it is argued – there will only be isolated islands of progress in a sea of grievances and persistent human rights violations.

Many feel that the indicators used for monitoring progress towards addressing the social determinants of health should be revised. There is a strong demand for a "data revolution" in the SDG agreement including indicators to measure community participation and the extent of government accountability to communities. The MDG monitoring has shown that aggregated data is not enough to provide a broad picture of the complexities of people's real worlds, their everyday struggles, and the ways in which they are subject to global and national decisions that affect their access to social services. The Post-2015 process in the health sector should establish a participatory process based on the voices of citizens and those civil society organizations with strong community ties.[51] The focus should be, for example, on village development councils, and on mandatory bottom-up planning.[52]

This attitude goes hand in hand with the insight that "(s)pecific attention must be given to promoting the empowerment of those traditionally excluded from participation."[53] This would foster awareness of hitherto neglected problems, such as non-communicable diseases. The disease-specific and demographic-selective approach to health has skewed funding, resource management, and the global health narrative to the exclusion of other important causes of global morbidity and mortality. Instead of focusing on specific health goals and isolated programs, which tends to fragment health systems, an integrated health approach is needed based on a comprehensive understanding of human development.

The broad task is to establish a set of institutions capable of engaging in long-term planning for sustainable development and planetary stewardship; these institutions would include (local, national and transnational) civil society organizations in the context of a bottom up-strategy.[54] These are challenges shared by countries at every point on the spectrum of human development. But the SDG approach has failed to make explicit that all stakeholders have to be involved in a democratic and transparent progress to create a development agenda that is more sustainable, democratic, and equitable.[55]

One could argue that the recent SDG process has made some progress towards inclusion. The

[48] P. S. Hill, K. Buse, C. E. Brolan and G. Ooms: How can health remain central post-2015 in asustainable development paradigm? In: Globalization and Health 2014,10:18

[49] David McCoy, Medact/PHM Oral Interview, July 3rd, 2014

[50] David Sanders, PHM, Oral Interview, July 27th, 2014

[51] D. Burns/C. Gorman: Designing Inclusive Targets for a Post-2015 Agenda, in: Institute of Development Studies (IDS), IDS POLICY BRIEFING, June 2014, available under:
http://opendocs.ids.ac.uk/opendocs/bitstream/handle/123456789/4021/PB68.PDF?sequence=1, viewed at August 17th, 2015

[52] Edward Premdas Pinto, Compasah and Centre for Health and Social Justice, Postal Interview, August 17th, 2014

[53] Kenneth Mwehonge, HEPS Uganda, Postal and Oral Interview, July 18th, 2014, Edward Premdas Pinto, Compasah and Centre for Health and Social Justice, Postal Interview, August 17th, 2014

[54] Edward Miano Munene (HERAF), Oral Interview, June 27th, 2014; Kenneth Mwehonge, HEPS Uganda, Postal and Oral Interview, July 18th, 2014

[55] Edward Miano Munene, (HERAF), Oral Interview, June 27th, 2014

Global South has been invited to meetings of the Open Working Group on Sustainable Development Goals (OWG) during which social determinants are discussed. As members of the G77 group, the states from the Global South could try to establish inequality as a main topic of the Post-2015 debate. Especially target 10 of the SDGs highlights policies that are oriented towards achieving greater equality. In this respect, the SDGs move beyond the MDG paradigm. However, due to the voluntary (i.e non legally binding) nature of this agreement, it is questionable how far the SDGs will be capable of forcing states to include human rights standards in the implementation process. The SDG approach was developed through an ongoing global consultation process which included the High Level Panel and the Open Working Group on Sustainable Development Goals (OWG). It was up to national governments whether or not to involve civil society in the agenda-setting process. The UN emphasized inclusive participation and therefore put a great deal of effort into a national online-consultation process. Although over a hundred countries were involved in the process, efforts to engage structurally marginalized groups varied widely among nations. Obtaining access to the internet (e.g. for web-based surveys) was challenging for rural populations. In the end, any community participation depended on the political will of national governments to organize alternative forms of participation such as village consultations. But even when civil society was involved in the agenda setting process, this did not guarantee that it had any impact on the political decision-making process.

In order to secure greater equity between and within developing and developed countries the agenda should move beyond the goal of "poverty eradication" otherwise "[it] risks losing its multidimensionality - including challenges related to access, discrimination, voice, and many other non-fiscal concerns."[56] If the SDGs are reduced to a poverty eradication program they will not challenge existing global power imbalances. The SDG's will miss the structural benefits of recognizing equity as a central aspect of human development and as the precondition for any progress towards sustainable development. Equity is not simply an indicator or an outcome. In conclusion, the SDG agreement and its implementation should be used as a opportunity for (re)politicizing global governance for health with special attention to those voices and people who have been so far structurally marginalized.

These concepts underlie PHM's calls for revitalizing the principles of the Alma-Ata Declaration, (Health for All by the year 2000) and its demands for a complete revision of international and domestic policies that have shown to impact negatively on health status and systems. For PHM, a right to health based on favorable social and political determinants requires universal access to comprehensive integrated health systems. Returning to the Alma Ata declaration, PMH suggests that these systems should be grounded in the principles of primary healthcare.[57]

This brings us to the third big topic of the recent debate: Universal Health Coverage.

Universal Health Coverage

The WHO defines the goal of Universal Health Coverage (UHC) as a commitment "to ensure that all people obtain the health services they need without suffering financial hardship when paying for them."[58] In general social movements welcome this goal. They agree that UHC could help revitalize the spirit of Alma Ata.

At the same time it is problematic that there are very different understandings of what UHC might mean and how it should be implemented. UHC is being promoted by a number of different constituencies, but they do not all share a common understanding of what the term means.[59] Some see it as a holistic concept demanding equitable health services. In its most limited form, UHC is conceived of as a

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[56] PHM: Statement Supporting Stand-alone Goal on Equality, available under:
http://www.phmovement.org/en/node/9485, viewed September, 14th, 2014

[57] Statement by Medicus Mundi International to the 67th session of the World Health Assembly on agenda item 14.
[58] http://www.who.int/universal_health_coverage/en/
[59] David Sanders, PHM, Oral Interview, July 27th, 2014

single program, a position which favors technocratic approaches.[60] If it is reduced to a single target (among others), there is concern that it will be implemented without a focus on political and social determinants.

Social movements like PHM fear that UHC is at risk of being embedded in a mainstream neoliberal narrative where its main function seems to be a "private sell out of the health systems."[61] They point to a reductionist vision of health based on an *ideology of cost effectiveness*; this ideology inherently neglects principles of universality, non-discrimination, and social protection. There is a serious concern that the mainstream narrative promoting universal health coverage will open the door to privatizing public health systems in the Global South. This type of UHC will be built on, and lend itself to, standard neoliberal policies.[62,63,64,65] Civil society organizations voice the fear "that under UHC there might be an effort to reduce healthcare services into a minimum package."[66,67] The absence of adequate social security is seen as a core problem and financial protection is presented as one of the crucial items most countries in the Global South are struggling with. This has led to sustained pressure for a political process within which countries are allowed to create diverse models. UHC would be implemented as a public service whose goal was to ensure health for all on the base of a publically funded financial protection scheme.[68] Precise commitments are needed to address both national and international obligations to adequately fund public health systems.[69]

We can conclude that the debate over UHC should not focus on the ratification of a particular model but rather should start a discussion on the structure of global governance for health.[70] This brings us to a more systematic reflection on recent global governance arrangements. My thesis is that we need a radical democratization of global governance institutions, processes, policies, and practices.

Global governance: The solution or part of the problem?

Some social movement networks like the Third World Network (TWN) argue that the Post-2015 development agenda should focus on an institutional reform re-empowering the UN and the World Health Organization (WHO); these institutions should be seen as the appropriate venues to discuss greater equity between developing and developed countries and to make concrete recommendations, proposals, and decisions. The goal is to bring some coherence to the disparate sets of rules applying to various areas of economic activity such as trade and finance, labor and capital, intellectual property rights and technology, all of which have a deep impact on global governance for health. Those who are more optimistic about the Post-2015 process highlight that the UN and WHO could play a central and pro-active role in global governance and global govern-

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[60] ibid.

[61] ibid

[62] A. Sengupta: Universal Health Coverage: Beyond rhetoric, in: D. A. McDonald/ G. Ruiters (eds.): Municipal Services Project, 2013, http://www.phmovement.org/sites/www.Phmovement.org/files/OccasionalPaper20_Sengupta_Universal_Health_Coverage_Beyond_Rhetoric_Nov2013_0-1.pdf, p. 2

[63] Ibid; M. Khor/ Third World Network: Experts attack shift in global health strategy, 2013, http://www. http://www.twnside.org.sg/title/exp-ch.htm

[64] K.M. Gopakumar, Third World Network, Oral and Postal Interview, August 6th, 2014; A. Sengupta: Universal Health Coverage: Beyond rhetoric, in: D. A. McDonald/G. Ruiters (eds.): Municipal Services Project, 2013, http://www.alames.org/documentos/uhcamit.pdf, viewed May 16th, 2014

[65] There is suspicion that UHC will be designed in form of an insurance model and consequently upgrade the role of the private sector, especially the insurance lobby, neglecting that this model has its own limitations failing to include the most marginalized and poor.

[66] K.M. Gopakumar, Third World Network, Oral and Postal Interview, August 6th, 2014

[68] Kenneth Mwehonge, HEPS Uganda, Postal and Oral Interview, July 18th, 2014, K.M. Gopakumar, Third World Network, Oral and Postal Interview, August 6th, 2014

[69] Some argue using the Abuja-declaration as a reference where the allocation of 15 % of the national budget to health is demanded: Kenneth Mwehonge, HEPS Uganda, Postal and Oral Interview, July 18th, 2014

[70] David McCoy, Medact/PHM Oral Interview, July 3rd, 2014

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ance for health.[71] Other networks – like PHM and COPASAH – are far more skeptical. They argue that UN-related processes dealing with the post-2015 agenda are likely to target the "looming crisis of capitalism, accelerated by the ascendant ideology of neoliberalism."[72,73] These critics claim that global governance in general is in crisis. International agreements are not sufficiently binding and the current form of global governance lacks adequate legitimacy. Rather than emerging from a democratic process, global development policies are frequently determined by the interests of the powerful and the political elite. There is a generalized skepticism based on the fact that those shaping the current Post-2015 agenda are the very same groups that have perpetuated problems of inequality and inequity.[74]

UN institutions are considered relatively independent and representative. However, they have largely been marginalized and are increasingly dependent on funding from private donors. More and more, it is the G-20, the World Trade Organization (WTO), the IMF, and the World Bank who are setting the global agenda. The decision-making processes of these groups do not tend to be transparent.

Global governance should be reconsidered as an essential part of the 2030 agenda. The financial and economic crisis has revealed the failures and gaps in existing global governance. It demonstrated the urgency of a radical rethinking of global governance which would go beyond existing reform proposals.[75]

There are deep concerns about the ability of the UN and WHO to continue functioning as global agencies working in the public interest.

Weak international institutions & strong private foundations

The WHO illustrates the problems of current post-national institutional structures. Several NGO networks such as PHM scandalize the prominent role played by private foundations in funding the WHO. The Bill and Melinda Gates Foundation (BMGF) is WHO's second largest donor. WHO's decision to make Melinda Gates the keynote speaker at the 67th World Health Assembly was strongly criticized. Not only does this raise concerns regarding democratic control, transparency, and public accountability but there is also a suspicion that the Gates Foundation's agenda is "tied" to projects that the foundation has an financial interest in funding.[76]

The fundamental problem with these foundations is that not only do they open gateways to the private sector but they also tend to distract the public agenda from critical public concerns by privileging an approach to health that is "depoliticized." It is no coincidence that projects funded by private foundations have a "techno-managerial focus,"[77] reducing health to a biomedical and disease-based episteme. Such logics not only include an improper paradigm of one-size fits all solutions but also contribute to a type of development where powerful agents undermine the demand for participation. Rather than supporting diversity and pluralism and "recognizing community based knowledge"[78] these foundations privilege the expertise of groups like the pharmaceu-

[71] *B. Muchhala/*Third World Networ*k: The role of the United Nations in global economic governance and accountability – key points of concern for the Post-2015 development in:*
www.worldwewant2015.org/es/node/311167
[72] Health in the Post-2015 Development Agenda: People's Health Movement (PHM)http://www.worldwewant2015.org/node/300158
[73] Edward Premdas Pinto, Compasah and Centre for Health and Social Justice, Postal Interview, August 17th, 2014
[74] David McCoy, Medact/PHM Oral Interview, July 3rd, 2014, Interview June, 3rd, 2014
[75] Dave Mc Coy, Medact/PHM Oral Interview, July 3rd, 2014, Interview June, 3rd, 2014

[76] http://phm-sa.org/melinda-gates-addresses-the-world-health-assembly-civil-society-registers-its-protest/
[77] R. Narayan, SOCHARA, Bangalore, Postal interview, July, 7th, 2014 also on this D. Burns/C. Gorman: Designing Inclusive Targets for a Post-2015 Agenda, in: Institute of Development Studies (IDS), IDS POLICY BRIEFING, June 2014, available under: http://opendocs.ids.ac.uk/opendocs/bitstream/handle/123456789/4021/PB68.PDF?sequence=1, viewed at August 17th, 2015
[78] R. Narayan, SOCHARA, Bangalore, Postal interview, July, 7th, 2014 also on this D. Burns/C. Gorman: Designing Inclusive Targets for a Post-2015 Agenda, in: Institute of Development Studies (IDS), IDS POLICY BRIEFING, June 2014, available under: http://opendocs.ids.ac.uk/opendocs/bitstream/handle/123456789/4021/PB68.PDF?sequence=1, viewed at August 17th, 2015

tical industry. Their focus involves "technological products but not (…) social programs, processes, and initiatives capable of strengthening and representing community abilities."[79] One can also argue that the de-politicization of the health agenda acts as powerful tool to silence any dissent.

Many social movements express the concern that global governance for health now reflects the dictates of big donors who disrespect any alternative "people-centered" path to global governance for health.[80] The consequence is a "devaluation of health systems at state level" which leads to the further "commodification and corporatization of a health sector" which responds "to market forces rather than community needs."[81] Activists argue that health policies and "health system research has to move beyond technological innovation towards social innovation."[82]

This is of importance because private foundations stand for a development agenda that is characterized as philantrocapitalism and cherishes the illusion "that inequity can be addressed through charity."[83] The influence of private foundations (e.g. Bill & Melinda Gates) and public-private partnerships (e.g. GFATM, GAVI) is continuously growing and the question of WHO's place in that emerging configuration remains unclear:

> "The World Health Organization's (WHO) ability to provide leadership in the arena of global health has been seriously compromised because its mandate has been usurped by multiple agencies, such as World Bank, the World Trade Organization (WTO), and global public-private partnerships."[84]

The specific role of these partnerships will be analyzed in the next section. What is important is the understanding that a development agenda based on charity is *per se* undemocratic and paternalistic. Conflicts of interest and hegemonic rationalities tend to be veiled. By prioritizing a vertical, disease-based episteme of health, a charity-based development agenda serves the private sector, maximizing profit and influence especially in low and middle-income countries.[85] As long as institutions like the WHO depend on the voluntary input of the private sector, any holistic approach to enabling a transformation of political processes is blocked.[86] The weakening of international institutions such as the WHO not only demonstrates the transformation of UN systems to favor the corporate sector and large foundations but also signals a need to reorganize these international bodies.

Post-2015: Beyond aid and donorship, true partnerships and commitments are needed

All networks emphasize that the Post-2015 agenda needs to overcome the weaknesses of the MDGs. Since the MDG's were only applied to developing countries, they operationalized an aid-centered understanding of development. This paradigm gives donor governments too much power; they are the ones who monitor recipient governments and thus disenable citizens and civil society from monitoring their own governments.[87] The aid-centered paradigm is also criticized for ignoring the economic inequality within and between countries, as well as for not providing a development agenda based on a strong commitment to social policies and the global redistribution of wealth.

[79] ibid
[80] ibid
[81] R. Narayan, SOCHARA, Bangalore, Postal interview, July 7th, 2014
[82] ibid
[83] D. McCoy, G. Kembhavi, J. Patel, A. Luintel: The Bill & Melinda Gates Foundation's grant-making programme for global health, in: Lancet Vol. 373, 2009, See: www.thelancet.com
[84] Global Health Watch 3 (20119, An Alternative World Health Report published by Medact; People's Health Movement; Third World Network, Health Action Interna-

tional, Asociación Latinoamericana de Medicina Social, Medico international, p. 229
[85] D. McCoy, G. Kembhavi, J. Patel, A. Luintel: The Bill & Melinda Gates Foundation's grant-making programme for global health, in: Lancet Vol. 373, 2009, See: www.thelancet.com
[86] K.M. Gopakumar, Third World Network, Oral and Postal Interview, August 6th, 2014
[87] TARSC (2013) Equity in health in the post-2015 development goals, available under: http://www.equinetafrica.org/bibl/docs/Pol%20brief%203 3%20post%202015.pdf

Our networks see the main causes of uneven development in unfair trade and investment regimes, "intellectual property" protection, the privatization of public goods, the de-regulation of the state, and the entrance of economic players into the health sector. Neoliberal globalization is seen as responsible for causing and deepening the multiple crises in the food sector, as well as for ecological processes which foster social inequality and structural discrimination. Not only has this development paradigm failed to benefit the poorest and most marginalized people, it has frequently been the cause of – or has deepened – their poverty.[88] What is clear now is that political decision-making has been distorted by national and transnational elites who have captured public institutions to advance their narrow interests.

The United Nations Panel of Eminent Persons calls for a renewed global partnership that enables a people-centered development agenda beyond 2015. It is highlighted that:

"Such partnership should be based on the principles of equity, sustainability, solidarity, respect for humanity and shared responsibilities in accordance with respective capabilities. Our vision is to end extreme poverty in all its forms in the context of sustainable development and to have in place the building blocks of sustained prosperity for all."[89]

Significant concerns have been expressed as to what kind of multi-stakeholder process will be initiated to create and implement the agenda of such partnerships. There is a certain apprehension that these "New Global Partnerships" might, like the MDG 8, be reframed as a form of "cooperation" between governments, multilateral agencies, and large multinational corporations[90] instead of providing a robust framework founded on human rights and commitments to sustainable development, one which would hold stakeholders accountable and responsive to civil society demands.[91] This "donor-type" of relationship will fail to address international systemic issues and to institutionalize a political process within which the right to development could be realized.[92] For many it seems symptomatic that in many UN documents on the Post-2015 agenda civil society and the private sector are mentioned in the same breath, thus ignoring crucial conflicts of interests and rationalities.[93]

The critical question is who should be involved in the "New Global Partnerships." Many social movements keep a close eye on the fact that the business sector is called upon to play a central role. The report of the "High Level Panel of Eminent Persons" focuses on a development model based on economic growth similar to the Global Compact[94]

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[88] D. Burns/C. Gorman: Designing Inclusive Targets for a Post-2015 Agenda, in: Institute of Development Studies (IDS), IDS POLICY BRIEFING, June 2014, available under:
http://opendocs.ids.ac.uk/opendocs/bitstream/handle/123456789/4021/PB68.PDF?sequence=1, viewed at August 17th, 2014
[89]
http://undesadspd.org/Poverty/WhatsNew/tabid/1347/news/345/Default.aspx

[90] R. Bissio, New Development Goals Need to Include Commitments by the Rich. 2014, from Social Watch: http://www.socialwatch.org/node/16362, viewed March 12th, 2014
[91] K.M. Gopakumar, Third World Network, Oral and Postal Interview, August 6th, 2014
[92] D. Burns/C. Gorman: Designing Inclusive Targets for a Post-2015 Agenda, in: Institute of Development Studies (IDS), IDS POLICY BRIEFING, June 2014, available under:
http://opendocs.ids.ac.uk/opendocs/bitstream/handle/123456789/4021/PB68.PDF?sequence=1, viewed at August 17th, 2014
[93] UN System Task Team on the Post-2015 UN Development Agenda: Realizing the Future We Want for All, 2012:
http://www.un.org/en/development/desa/policy/untaskteam_undf/untt_report.pdf,for critique see: : L. Pingeot: Corporate influence in the post-2015process. Aachen: Misereor, 2013
[94] The Global Compact promoted by the United Nations is a concept that asks for the involvement of the private sector in form of Private Public Partnerships. To quote UN Secretary-General Ban Ki-moon: " The Global Compact asks companies to embrace universal principles and to partner with the United Nations. It has grown to become a critical platform for the UN to engage effectively with enlightened global business." Available under: https://www.unglobalcompact.org/, viewed February 23th, 2014

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which identifies deregulated investment policies as the motor driving development.[95] In response, the UN, the World Bank, and the IMF promote the guiding principles of Corporate Social Responsibility as an element of good governance and advocate for global development politics in the setting of public-private partnerships.

What is problematic in this matter is that public-private partnerships end up being the dominant force behind structural policies in the economically weaker states of the Global South: "PPPs are often specifically targeted to firms from donor countries,"; this is a form of "aid-tying". This practice not only undermines the value of private sector development in developing countries, but also creates a *de facto* exclusion of developing-country firms."[96]

Private Public Partnerships contribute to the globalization of a neoliberal model of statehood and social policies and thwart sustainable development by not empowering the structurally disadvantaged.[97] They hide the fundamental conflict of interest between the profit-oriented enterprises with a transnational orientation and the societies being subject to public-private partnerships.[98]

For sustainable development public institutions are needed which operate on human rights principles and inclusive social/political participation. PPP are primarily focused on entering into new markets. There is the risk that "the Post-2015 development agenda will be skewed towards the marketization of health care" and will lead to further commodification of health services.[99] These trends might benefit the middle and upper middle classes, but they will leave the structurally marginalized behind.[100,101] At the same time poverty continues to be treated more or less as a natural phenomenon rather than as the result of unequal power relations.

Neoliberal ideology, austerity politics & the decline of the nation state

As a consequence of the global financial crisis, austerity politics prevent many states from investing enough in the social and environmental infrastructure.[102]

> *"(D)eveloping countries face pressure from aid agencies and foreign investors to pursue policies consistent with their ideologies in line with a neoliberal agenda. The top-down aid conditionality imposed by Washington-based institutions adds further pressure to introduce neoliberal reforms and makes developing countries' governments more accountable to donor institutions than to their people".[103]*

The guidelines of the IMF and World Bank are oriented towards "balanced budgets" which can operate as a disciplining instrument, forcing acquiescence to the dominance of global financial and economic elites. The development agenda of the current global governance operationalizes the hegemonic concept inherent in the neoliberal Zeitgeist.[104]

Within the context of neo-liberal, free market ideology, development politics are reduced either to profit-oriented investment policies and/or framed as international aid: "aid" reinforces the existing power

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[95] High Level Panel report cf.
http://www.post2015hlp.org/wp-content/uploads/2013/05/UN-Report.pdf
[96] D. Burns/C. Gorman: Designing Inclusive Targets for a Post-2015 Agenda, in: Institute of Development Studies (IDS), IDS POLICY BRIEFING, June 2014, available under:
http://opendocs.ids.ac.uk/opendocs/bitstream/handle/123456789/4021/PB68.PDF?sequence=1, viewed at August 17th, 2014, p. 3
[97] ibid.
[98] K.M. Gopakumar, Third World Network, Oral and Postal Interview, August 6th, 2014
[99] Edward Premdas Pinto, Compasah and Centre for Health and Social Justice, Postal Interview, August 17th, 2014

[100] Edward Premdas Pinto, Compasah and Centre for Health and Social Justice, Postal Interview, August 17th, 2014
[101] Kenneth Mwehonge, HEPS Uganda, Postal and Oral Interview, July 18th, 2014
[102] K.M. Gopakumar, Third World Network, Oral and Postal Interview, August 6th, 2014
[103] The Campaign for People's Goals for Sustainable Development (the People's Goals) - See more at:
http://peoplesgoals.org/about-us/#sthash.rMsY4iYp.dpuf/
[104] K.M. Gopakumar, Third World Network, Oral and Postal Interview, August 6th, 2014

imblances in which the rich countries of the North and BRIC countries act as donors. Various networks stress that health politics are linked with economic development and that the responsibility for economic development lies with the nation state.

"*Given the profit-seeking mission of the private sector, balancing social and financial returns requires the state to implement a complex and nuanced balance of laws (e.g. labor, environmental) and regulatory systems (e.g. tax, investment) to ensure that private activities contribute to rather than undermine economic and social development.*"[105]

But the state can only act within the existing international environment. Thus, in the context of global governance "especially developing countries need to have adequate policy space".[106,107] The problem is that this policy space has grown ever smaller as a new *raison d'etat* has emerged. More and more states have limited their role to that of managers of global problems (an ideological construction), and as moderators and facilitators of so-called good governance.[108] The consequence is that public duties have been delegated to private initiatives and actors in the form of private public partnerships. States use PPP to integrate multinational corporations and give them a key role in organizing

local, national, and global politics, thus becoming less accountable to their citizens.

Civil society: independent actors?

Civil society actors have indeed been granted a primary role in the Post-2015 process. This is a response to the criticism that the MDGs were formulated in a non-inclusive manner. UN documents offer rhetorical commitment to the importance of participatory governance. However, the new inclusiveness must be viewed with caution. Whether it will actually amount to anything is questionable. What all social movement networks highlight is the necessity to establish a new paradigm of development where the structurally marginalized are no longer reduced to the role of beneficiaries.[109]

The critique of the Post-2015 agenda, like the MDGs, still expresses the outcome of a top-down process, which does not adequately reflect and emphasize the differential needs and priorities of regions and communities within countries and across countries. Likewise, the involvement of civil-society organizations does not necessarily guarantee that the dominant development paradigm will be revised in any meaningful way.[110] First, it has to be ensured that recommendations by civil societies "are not ignored, set aside or altered beyond recognition by governments while social movements remain passive spectators after all these consultations are over and done with".[111]

Moreover, some argue that the Post-2015 development agenda process has been a distraction. Many social movements have struggled – with limited budgets and limited access to information – to negotiate a confusing structure of multiple meetings, parallel bodies, lobbies and platforms.

It should be recalled that – at the UN level in particular – the current model of global governance has been organized as a multi-stakeholder process

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[105] D. Burns/C. Gorman: Designing Inclusive Targets for a Post-2015 Agenda, in: Institute of Development Studies (IDS), IDS POLICY BRIEFING, June 2014, available under:
http://opendocs.ids.ac.uk/opendocs/bitstream/handle/123456789/4021/PB68.PDF?sequence=1, viewed at August 17th, 2014
[106] Y. Akyuz: Post-2015 Development Agenda and Sustainable Development: Perspectives of the South Centre, Working Paper South Centre, Published in October 2013, p.3., available under: http://www.southcentre.int/wp-content/uploads/2013/10/Post-2015-and-SDGs-Perspectives-of-the-South-Centrer1_EN.pdf
[107] United Nations: Trade and Development Report 2014, Global governance and policy space for Development, Geneva, p. 1- 212 pages, Chapter III.

[108]K. D. Wolf: Die Neue Staatsräson. Zwischenstaatliche Kooperation als Demokratieproblem in der Weltgesellschaft, Baden-Baden, 2000

[109] Health in the Post-2015 Development Agenda: People's Health Movement
(PHM)http://www.worldwewant2015.org/node/300158
[110] Maria Zuniga, PHM Nicaragua, Oral interview, August 11th, 2014
[111] http://peoplesgoals.org/on-positioning-governance-in-the-post-2015-agenda/

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since the 1990s. Procedures explicitly incorporate non-state actors. It is of particular relevance that civil society has been upgraded. This reflects a context within which the financiers of health politics (inspired by neoliberal ideology) favor market-based reforms and look to civil society rather than states to implement programs. Since their rise to prominence in the last decades, health-related NGOs for example have grown exponentially in size and stature. Frequently, NGOs carry out development activities that should be performed by the state. In the context of the new raison d'etat states are increasingly, giving up leadership roles, thus systematically delegating the provision of public services to non-state actors.[112]

NGOs are still considered as the "good guys," especially by the public. However, this view ignores the fact that NGOs compete with each other for funding from governments and private-sector corporations. NGOs do not operate outside of general system constraints; rather, they face a certain pressure to professionalize and they are at risk of becoming dependent on donors.[113] NGOs are at risk of being coopted not only by national governments and international organizations but also by large philanthropic foundations financed by the private sector.[114] By involving civil-society players, governments are increasingly able to legitimize undemocratic decisions. When NGOs mitigate crises, they – often unintentionally – help to stabilize unjust power structures.[115] "The other issue is that there is often a gap between the analysis and description of the problems and the solutions that are being forward. The solutions tend to be those that are always praised in ways that will be acceptable to all parties and the powerful interest groups."[116]

Agenda 2030 must find a way to realize the full potential of those NGOs who have strong linkages with social movements. This is essential. But, it is debatable to what extent the international community is heeding calls for a serious re-orientation of the current development agenda. Critical social movements with roots in social struggles usually are the ones who pressure for structural transformation. The statements, lobbying, and legislative actions on the part of progressive movements are of tremendous importance, but they can be only successful when there are strong social movements on the ground. Critical movements are recognized, but as they represent minority positions. Within the NGO community, they might not be taken into account in the 2030 agenda.

There are huge and well-funded NGOs, in the Global South as well, which tend to be not very critical but much more technocratic and single-issue oriented.[117] They can be seen as part of the given hegemonic constellation, not only because they are funded by big foundations like GAVI, but also because they subconsciously reproduce the established neoliberal ideology.[118] Even though there might by a general discomfort with the present ideology, there are manifold forms of self-censorship due to the expectations - quite often unconscious - that elites, in the context of the Post-2015 consultations, will not change their beliefs and that their structures are immutable. Thus, though they might not see themselves as part of the hegemony still they operate in the system.

From this we can draw two crucial insights: First, civil society is not necessarily in opposition to the state, business or International Organizations.[119] Rather civil society can be framed as the "extended state" insofar as it provides public services traditionally associated with the state. "NGOs can be part of a constellation of actors that represent and promote the interests of powerful minority groups.

[112] Aziz Choudry and Dip Kapoor (eds): NGOization. Complicity, Contradictions and Prospects, London 2013
[113] David Sanders, PHM, Oral Interview, July 27th, 2014
[114] K.M. Gopakumar, Third World Network, Oral and Postal Interview, August 6th, 2014
[115]David McCoy, Medact/PHM Oral Interview, July 3rd, 2014; K.M. Gopakumar, Third World Network, Oral and Postal Interview, August 6th, 2014; David Sanders, PHM, Oral Interview, July 27th, 2014
[116]David McCoy, Medact/PHM Oral Interview, July 3rd, 2014,

[117] David Sanders, PHM, Oral Interview, July 27th, 2014
[118] David Sanders, PHM, Oral Interview, July 27th, 2014; David McCoy, Medact/PHM Oral Interview, July 3rd, 2014,: K.M. Gopakumar, Third World Network, Oral and Postal Interview, August 6th, 2014
[119] David McCoy, Medact/PHM Oral Interview, July 3rd, 2014

They are not always just depending on donors, but are often constructed to be part of the political machinery."[120] Second, civil society involves not only the good guys, such as social movements pressing for a better world.

What should global governance look like?

What conclusions can we draw from these discussions? First and foremost, we need a development agenda that is based on universal human rights outlined in precise commitments. It is a good starting point to anchor UHC and the SDGs in the right to health. In the spirit of Hannah Arendt one could say that the success of revolutionary processes and emancipative struggles can be seen in the shifts within the constitution (constitutional revolutions).[121] If the task is "to address the right to health in a globalized world" this could include a Framework Convention for Health (FCGH), and a legal upgrading of the WHO as an institution competent to set international law.

It is important that Agenda 2030 not just propose policy goals, but also establish legally enforceable procedures. The obligations of states and private businesses must be clearly defined in international law. This is an essential precondition for addressing the structural impact of poverty and inequality and for respecting ecological and economic boundaries

Comprehensive changes to development policy, economic policy, financial policy, and production and consumption habits are needed. We must establish a form of global governance that allows the people affected to participate in policy-making. Political structures must be created at the national and supranational level that promote human-rights based bottom-up logic oriented towards democratic self-empowerment. This is the only way to continuously break up and subvert hegemonic power. This perspective has implications far beyond the Post-2015 process.

In the end it is about creating a fair world order. This, in turn, depends on how processes are organized and who is going to be part of these processes. How far will critical civil society be given the chance not just to off critiques of processes and institutions but to actually formulate positions that are connected to the needs and demands of the structurally marginalized?

Taking all of this together we will have to ask for much more than just eight or nine or ten or fifteen goals. It is much more about democratizing local, national and global politics. This implies the deconstruction of false promises of recognition and to establish counter-hegemonic political processes and institutions. At the same time, the Post-2015 agreements opens a window of opportunity for social movements to use promises for partnerships, human rights and democracy as references for their emancipative struggles pressuring for a better world. This also involves creating a new paradigm for development. Interesting experiences are emerging from Central America and Latin America in the context of the so-called *Buen Vivir* debate. These stem from social movements and provide a strong link to indigenous communities. The point is that alternative development paradigms and models of governance already exist and now it is time to bring them into the 2030 agenda,

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[120] ibid.
[121] See: H. Brunkhorst: Legitimationskrisen. Verfassungsprobleme der Weltgesellschaft, Baden Baden, 2012