World Conference on Health Promotion

Text of Dr. Sania Nishtar's speech at the opening ceremony

Co-chairs,
Ladies and gentlemen,

As I flew into Bangkok this morning, I couldn't help thinking what a great choice it is to have the world conference on health promotion in Thailand, a country, known both for its leading efforts in global health as well as its domestic balance between health promotion and universal health coverage

And what a great partnership hosting the event

IUHPE, the global knowledge hub promoting health world-wide and ThaiHealth, an organization unique in its genesis—a perfect country illustration of political will forging sustainable financing for health promotion.

I am truly honored to be speaking at the opening and want to thank you for this invitation.

Today, I would like to frame the notion of health in all policies…the idea of inter-sectoral engagement as the best investment in health promotion in its own right….and I would like to take the liberty of urging participants of this conference to frame norms which can help institutionalize this concretely in domestic and international policy.

I am sure you are all aware that the notion has been couched in different normative instruments in various guises, over time.

Inter-sectoral cooperation can be traced back to Alma Ata in the definition of primary health care

Its salience was emphasized in the Ottawa charter and in subsequent international health promotion conferences.

Multi-sectoral cooperation forms the bedrock of the core set of interventions implicit in the best buy's approach which WHO envisages bringing to scale in their attempts to fight NCDs

In fact, multi-sectoral action was mentioned 21 times in the 2011 UN political declaration on NCDs

Each of the health systems declarations, have also referred to the whole of government approach, the notion of joined up government.

Concepts such as health impact assessment were coined especially to help with deployment of this approach at a practical level

Additionally, the report of the commission on the social health determinants of health, the subsequent Rio Declaration of 2011 …..and the most recent post 2015 discussions relating to the worlds next promise as the MDGs come to term have all alluded to the notion of health in all policies in one form or the other.

It is not just posturing within the health sector, which recognizes the importance of this policy approach but also the wider development community. The health in all policies approach is implicit in the construct of multi-donor trust funds, the Aid effectiveness agenda, triangular cooperation efforts and in calls for better outcomes through the human rights and human security approaches.

In essence, all these framings recognize the potential of actors outside of the traditional health system in enabling people to increase control over, and to improve, their health.

In today's rapidly evolving societal transformations, the list of potential actors and change agents is burgeoning fast

Today 1.8 billion young people act in a digitally interconnected world with unprecedented access to information.

Teenagers click on Facebook before they brush their teeth in the morning. But how often do we use that opportunity for a health promoting message?

5 billion people own cell phones on this planet, an instrument which is now recognized as the most effective lever to push people out of poverty.

As researchers and innovators, we recognize the transformative potential of cell phones to the extent that we have driven their use in development to a state of "pilotitis'', but there really is minimal deployment at scale as part of domestic health policies. … in fact, 87 countries do not even mention health technology in their country plans.

Supply chains of corporations enable availability of supplies even in the remotest corners of the world but we in the health promotion community lament our inability to make family planning commodities available even in the most supply change accessible places.

Soap operas are becoming the most important leaver to change social norms particularly with reference to women's empowerment, even in the most conservative of all societies; but we lag behind in making this a critical tool for health promotion

We really need to think out of box in our efforts to promote health. We need new norms, competencies and new rules of engagement to tap these opportunities

And while we do that, there is a clear case for global action, …..but it is countries that are going to be at the heart of the transformation.

Ladies and gentlemen,

I would like to slightly digress here in order to outline the role of countries, in today's development paradigm, to reiterate that a number of transformations are shaping health and development today and that in each of them it is countries which are envisaged as the bastions of responsibility, and the engines for the delivery of promises.

I would like to allude to three transformations in this respect

First, the demand for welfare is growing whether it is implicit in the calls for democracy in Arab spring movements or the more direct movement for judicialization of health rights such as in Latin America, people are awakening to the notion of rights and the sense of entitlements.

Secondly, in the aftermath of the global financial crisis, a huge appetite has been created for accountability not just for results but also for decisions, which creates imperatives for regulatory and fiduciary oversight and governance overhaul in countries.

Thirdly, as opposed to the decade of the 90's where global growth created fiscal space for investments in health, we are now living in a context where donor agencies are now becoming constrained in their ability to contribute towards the goal of development.

The MDGs were developed for the aid system but the post 2015 goals are meant to be owned by government. This a shift also evidenced in the framing of the Busan partnership for effective development cooperation as opposed to the narrative of the earlier Paris and Accra aid effectiveness norms.

The new international agendas in health including universal health coverage and prevention and control of Non-Communicable diseases not only demand strong domestic social policy levers but also those that enable action inter-sectorally beyond what was the usual frame of action …..within the confines of ministries of health….. in the era of vertical programs.

Within this context, countries are familiar with some aspects of intersectoral collaboration

For example, they are relatively sensitized to the importance of social welfare and general economic progress mattering with reference to the social determinants of health.

To a certain extent, they have been primed to the idea of the inter-sectoral construct of NCD preventive efforts with sectors as diverse as advertising, taxation, agriculture, and urban design being relevant

Also, the importance of the labor market and social protection systems in institutionalizing Universal Health Coverage is somewhat well appreciated

but there are many other important sectors that are still missing from our frames of reference

I recently served as a federal minister in a caretaker government in Pakistan where I had four ministerial portfolios: education, health, science and information technology and telecom.

Having charge of four areas gave me a unique advantage to explore the potential within intersectoral collaboration, but also to appreciate the quantum of lost opportunity because of failures to forge collective action

The crux of my analysis led me to believe that most of the problems faced by governments could only be solved through collective action …and …..in fact…. in many cases the solution to an issue which falls in the purview of one ministry can actually be solved through action in entirely another.

To cite an example, I can refer to the case of services for education and health, where my country lags behind in relation to the MDG targets.

While I was in office, I was conscious of the fact that Pakistan's geographic access barriers and HR shortages are a huge impediment to making health and education services universally accessible.

But I wasn't able to figure out a solution for this as Minister of Education and focal person for health, but as the minister for ICT and Telcom……

Because in 2000 the MoIT had established a unique fund called the universal service when Pak deregulated its Telecom sector—the fund was established through a 1.5% levy on of all the net revenue of the Telcom operators—operating on the same principles as the funding for Thaihealth...

It had the explicit mandate to provide fiberoptic connectivity and establish community broadband centers in Pakistan's underprivileged areas,
…you can imagine such infrastructure with some additional input in dedicated applications can translate into hubs for tele-health and tele-education
…with some innovation it can generate sustainable activity on the sidelines
….and with strategi planning such models can become replicable widely

Here was perfect opportunity to overcome geographic access barriers, but despite this, the fund remained underutilized for over 10 years, because the ministry of Health and education and

technology didn't have the appropriate linkages and incentives to collaborate in ways that could make the fund work for these social goals

Similarly with my Minster of Science hat on, I figured out that there were many institutions which could support research relevant to health, despite research budgets in health sector per se being paltry

In fact in each of my attempts to catalyze change as a minister during my short term in office, I found that solutions did not lie entirely with the respective ministries.

When I tried to seek a solution to the problem of ghost workers which is an issue plaguing health and education workers worldwide, I figured out that the potential solution was in global positioning alerts which could be enabled by every cell phone in every workers' pocket, something we never tapped at scale

The possible solution to spurious drugs which remain a challenge for regulatory systems in most countries and not just mine, probably lies in mobile phone enabled bar code reading

I found out that the tools for public expenditure tracking were within the ministry of finance.

And I discovered that there were many actors involved in any attempt to insulate procurements from collusion—but that none of them had much to do with the health sector

I searched for tools which could ingrain accountability…but I found out that these did not sit in sector information systems but in Pakistan's Bureau of statistics where GIS digital mapping of points of interests alongside population hotspots could tell you precisely where ghost facilities lied, but which the health and education sector were not making use of at all…because the respective ministries had no incentive to exploit synergy

And let me not forget to mention here, that when I reestablished the ministry of health…some of you may not know that Pakistan's ministry of health was abolished in 2010 under a constitutional amendment the actors which helped resurrect it were completely outside of the health system

I don't want to underestimate the importance of a policy action when one agency or ministry has complete or near-complete control over the solution in which case a single-sectoral action is be appropriate, but when multiple sectors need to be involved in meeting an objective or when the outcome envisaged by one ministry is critically dependent upon action in another, mechanisms to compel collective action become an imperative.

Ladies and gentlemen,

It is not just within the government where collaboration has to happen. The public private side of engagement is critical to achieving health outcomes in mixed health systems because of the interplay of the private sector in delivery mechanisms and the development of products and innovations.

And……Let's not forget the development community when we refer to intersectoral engagement. In most developing countries, many actors operate in a space where there are few incentives and avenues for convergence. We do know from our experiences at time when donors engage in disaster situations that collaboration does works; and perhaps this realization has also lent impetus to past efforts aimed at reducing duplications and drawing on comparative advantage but ..certainly….a lot more needs to be done.

The mere fact that WHO, as the global heath steward can only draw ministers of health to the table is indicative of the quantum of needed transformations.

Ladies and gentlemen,

Up until now I have been using different connotations and framings

I have referred to Inter-sectoral collaboration; and
Multi-sectoral engagement
The notions of
Health in all polices;
Whole of government; and
Joined up government
I have refereed to public, private and the civil society as actors

Let me put this into context

Multi-stakeholder engagement, refers to cooperation between sectors of the state, either ministries or other administrative agencies of the government

With intersectoral collaboration, the frame of reference is interaction between the three societal actors—public, private and the civil society

For inter-sectoral engagement governments need to enhance their ability to forge partnerships with non-state entities, which requires new stewardship capacities, innovative means of regulation, and institutional frameworks, which can facilitate public private engagement

The multisectoral dimension comes into play either through collaboration between the administrative units of the government, with or without the health sector taking a lead, or through policy action in another sector which impacts health.

Let me reiterate that Multi-sectoral collaboration is mandated fully from a higher level of government only …..when the solution to a problem ……is of national interest …..to such an extent that is becomes part of <u>national</u> policy rather than <u>sectoral</u> policy

With the onus of responsibility swinging towards governments we can now aspire for this objective

Fortunately, the time is right for this discourse, because the post 2015 promise can be the lever of change

With indications that peoples welfare will be positioned higher in the post 2015 framework as evidenced by the framing of …inclusive growth….decent employment…..and social wellbeing….. in the recent report of the UN Secretary General on post 2015, we are at an auspicious moment.

But we must not lose the opportunity to reinforce this message at every major international convening in the run up to 2015.

At this conference you have the historic opportunity to leave a mark in history by framing health, welfare and wellbeing and the achievement of equity as a matter of national interest, national policy and national security.

I am sure you will rise up to the occasion

Have a great conference and thank you for your attention