Leadership and Stewardship for SDGs in 2030 Agenda

Role of Parliamentarians in S-S Collaboration.
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NEAPACOH, Kampala, 13.12.17
Presentation

• Background: Name of our game and African context
• Stewardship, leadership, management: definitions and roles including parliament, capacity of parliaments
• SDGs: Agenda 2030 and Cross sector work, leaving no one behind, Alma Atta, change managing change, political and public will
• S-S collaboration
Context: What is the name of the game?

- Health of the people as precondition for productive life
- The right to life = right to health = right to responsive health system
- Reject “God has called her/it was her day” when our women die in childbirth.
- Quality of life, Poverty, Dignity, Social Justice, Equity
- Connected Globalized World has Knowledge, Resources: lacks the will
- Governance, Organisation of society, development
- Create Climate of opinion: “Nothing important happens without the right climate of opinion”. Movements on slavery, apartheid, colonialism etc
ACHEST. www.achest.org

- Think-Do Tank Active 2008
- Built from local and global experience
- Supports Africa to contribute better and gain more from global health
- To Build Capacity and Synergies in Africa
- Promote Equity, Social justice, evidence culture, African owned and driven, global partnerships
  - **Health governance, leadership, Health Workforce, strategic communication**
- Secretariat: APHRH, ASHGOVNET, MEPI
Background and Context

• Despite knowledge, technology and more resources, progress is slow
• Evidence that progress better with strong health systems
• Evidence that strong systems linked to strong stewardship and governance
• Evidence that S & G neglected building block of systems
Root Causes of African Crisis

• Economic growth: high level of poverty
• Population growth: overwhelmed services
• Dependency: in communities
• Dependency on outsiders loss of “Can do” attitude, low Ownership
• Tolerance of the unacceptable: weak demand, challenging work environment
Ownership of Health Outcomes

• Endogenous: comes from within individuals, communities, Civil Society, professionals, parliament, governments, global community. Do we care?

• Africa a continent for global pity, needing money and ideas

• Displacement of African ownership by some donor policies and practices.
Child mortality rate per 1000 live births from 1960 to 2012 by region

World Bank, 2014

African Health Leadership

Nigel Crisp
DOES ANY ONE CARE?

- "When I fall sick I just remain like that ... like an animal."
- We are resigned to death which is simply shrugged off: "his/her day has come", "God has called him/her“ (UPPAS 2000)
- Access to care by all; All deaths accounted for
MESSAGE 1

UNLESS WE AFRICANS, INDIVIDUALLY AND COLLECTIVELY FEEL THE PAIN AND THE SHAME OF OUR CONDITION, WE WILL NOT HAVE THE COMMITMENT TO TAKE THE NEEDED ACTIONS TO CORRECT OUR SITUATION.
Africans Capturing the New Hope: Agenda 2063.

• “The future of Africa is up to Africans” Obama in Accra.
• Reclaim the “can-do attitude”; impact of economic growth, demographic dividend
• Ownership and accountability mind set
• Pursue Excellence, close implementation gap
• Partnership between: Techno-professionals, Communities and Politicians
• Partnerships with rest of the world as equals
• “This is Africa; what do you expect; only the best”
The Quality Mind Set

• THIS IS PARLIAMENT: WHAT DO YOU EXPECT?

• THIS IS UGANDA: WHAT DO YOU EXPECT?

• THIS IS AFRICA: WHAT DO YOU EXPECT?
"Triangle that Moves the Mountain"

Knowledge creation

Social mobilization Political involvement
GHLC 1985, 2011:
what matters for good health:

❖ Political commitment to health as a social goal
❖ Strong societal values of equity, political participation and community involvement
❖ High-level investment in primary health care and other community based services
❖ Widespread education, especially of women
❖ Intersectoral linkages for health
Health for All

- Original Alma Ata principles 1978 reaffirmed in 2008:
  - “The existing gross inequality in the health status of the people, particularly between developed and developing countries as well as within countries, is politically, socially, and economically unacceptable and is, therefore, of common concern to all countries.”
  - “The people have a right and duty to participate individually and collectively in the planning and implementation of their health care.” HOME GROWN.
  - “Primary health care is essential health care... made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development...”
**DEFINITIONS**

- **Stewardship**: Steward: one who is entrusted with the management of things belonging to another– government as protector of the public interest and accountable to the public for its actions.

- **Governance**: the alignment of multiple actors and interests to promote collective action towards an agreed upon goal.

- **Leadership**: scan environment, create attractive vision, strategy, inspire, align for action

- **Management**: plans, time tables, resources, implement, monitor, evaluate, feedback

“As a good steward, a ministry of health must be able to lead and participate in effective systems of governance to assure the best use of resources for health.” (Strong Ministries for Strong Health Systems, January 2010. p.22).

- **HRPI**: An institution with potential to support and hold govts accountable. Creates a culture that produces and uses evidence-based policy and programs for health. Maintains visibility of national health agenda.
Responsibility and Accountability for Population Health

- Governments have ultimate responsibility and accountability for population health
- Global, regional and national recognition: Many resolutions UN/MDGs, WHO, AU, constitutions, health in all policies
- Implementation gap: underinvestment in people who make things work, available technologies, policies, resources, multiple resolutions
- Governments alone insufficient: need to work with ever increasing actors – national, regional, global
- Stewardship, governance and leadership neglected: donors, GHI, countries
Ministerial Turnover: Africa

Turn over of Ministers

- High: 52%
- Moderate: 39%
- Low: 9%
Uganda’s Strategies that Leave No One Behind and Address Inequity

• Provide a minimum health care service package for all through SWAPs. Aggressively implement Service Standards at all levels especially household and Community level. Affirmative action for vulnerable groups

• Abolish user-fees for the minimum service package to promote a FAIR distribution of the burden of health financing on households (PHC)

• Rational financial allocation of public funding for health care including PPP especially PNFPs.

• Institutionalize a Total Quality Management approach through systematic entrenchment of continuous quality improvement and performance culture in services delivery at all levels including District Leaders. Increase client participation and demand for quality of health services.

• Strengthen Independent Bodies, and Supportive/Facilitative Supervision
Leadership for Health & Health Systems 360 degrees

• Lead Up to influence other leaders, President, Parliament, Donors
• Lead In to inspire and build good working relations with district staff and actors
• Lead Across to engage others: Health in all policies
• Lead Out to engage non state actors
• Lead the public to promote educated demand and population participation
Embed Health in Governance

At its best, the routine governance of society should be the foundation of the health system by ensuring that laws, regulations and good practice are complied with by all: that homesteads are hygienic, mothers attend antenatal clinics, children are immunized, the nearest health facility has required personnel and supplies, the referral system is in place, the correct food crops are grown and stored properly, all children are going to school, the rural road network is maintained, law and order is enforced etc. This should be the job description of the village or community administrator as the very first frontline health worker. (UHC: Leaves no one behind)
MESSAGE 2

UNTIL AND UNLESS IN EACH AND EVERY COUNTY, THERE IS A CRITICAL MASS OF INDIVIDUALS AND INSTITUTIONS THAT WORK WITH THEIR RESPECTIVE GOVERNMENTS AS BOTH SUPPORT AND ACCOUNTABILITY AGENTS, IT WILL NOT BE POSSIBLE TO CREATE AND SUSTAIN ENABLING ENVIRONMENT TO QUALITY IMPROVEMENTS.
HEALTH IN THE SDG ERA

1. No poverty
2. Zero hunger
3. Good health and well-being
4. Quality education
5. Gender equality
6. Clean water and sanitation
7. Affordable and clean energy
8. Decent work and economic growth
9. Industry, innovation and infrastructure
10. Reduced inequalities
11. Sustainable cities and communities
12. Responsible consumption and production
13. Climate action
14. Life below water
15. Life on land
16. Peace and justice
17. Partnerships for the goals

World Health Organization

The Global Goals for Sustainable Development
Regional SDGs Implementation: Health Policy Think Tank Initiative

- **SDGs Implementation Scoping study May – June 2017**: Ethiopia, Kenya, Rwanda, Tanzania, Uganda, Zambia, Zimbabwe

- **Findings, Conclusions and recommendation.**
  - SDGs have been well received and countries are in different stages of domestication. SDGs are integrated and inseparable calling for cross sector work.
  - SDG 3 and health related SDGs not receiving the attention they deserve.
  - While HPTTs exist in all the countries, they are not fully incorporated in the formal structures to support implementation of the SDGs.
  - Recommended that African HPTTs take the lead in undertaking the generation of high quality research evidence and in mobilizing policy think tanks in other sectors to generate relevant research in those sectors.
  - HPTTs strengthen their support to governments, parliaments and stakeholders for effective participation of countries in the Annual UN voluntary reporting on health related SDGs.
  - Collaboration of HPTTs within and across countries and linkage to other ongoing SDG initiatives in the region.
Leadership for Social Change

• SDG Target 3.7: by 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs.

• “the extent to which partners, communities and health systems support women in acting on their choices, and monitors whether women’s stated desires regarding contraception are being fulfilled.

• It calls attention to inequities in service access and is therefore used to promote a human rights-based approach to reproductive health.”

• Women have the right to determine whether or not to have children, as well as the number and spacing of their pregnancies.
Family planning programs reduce unplanned pregnancies by

- Providing access to contraceptives
- Addressing economic/social/health obstacles to contraceptive choice and use
- Informing couples about benefits of longer birth intervals and smaller families
Fertility trends

Births per woman

Korea, Bangladesh, Ethiopia, Nigeria

Demographic dividend
Political Will, Public Will for Managing Social Change

- Long-term, effective change in complex issue areas typically happens only if the government and key public stakeholders are pushing in the same direction.

- Political actions are not enough to effect large-scale change if the public opposes or undermines such actions. Efforts originating with the government often involve laws that demand change, but social pressures, cultural norms, and systemic barriers can limit citizen adherence to such laws.

- Similarly, social change efforts driven by citizens and other nongovernmental entities will flounder if government opposes or refuses to reinforce the change.

- To achieve success, the government and large segments of the public must be willing to recognize the problem, understand the problem in a similar way, and agree on solutions.
Partnership: individuals: health system: government

• **Individuals** have the primary responsibility for maintaining their own health. Health is inborn.

• **Health systems** are responsible for providing the information (health literacy) and facilitating behaviors (enabling laws regulations) that individuals need to achieve their best health.

• **Government(Parliament)** responsible for ensuring that the conditions and systems exist that allow people to be as healthy as they can be. (access to the healthy food, clean water, adequate housing, education)
Power of Parliament

• Legislation
• Policies
• Appropriation of budget
• Oversight
• Representation and M & E.
• Partnerships (Uganda Parliamentary Forum for Quality of health Care)
South – South collaboration

- Regional integration and RECS
- Common agenda and program of work
- Peer to peer study tours and visits
- Partnerships with Think Tanks, Academies, CSOs for knowledge, advocacy
- Regular meetings

**The key modalities for SSC are through:**
- South-South Cooperation Projects, Cooperation Networks; (IMCHA, HSAP, AUC – Maputo, Carma etc)
- Capacity and Skills Development
- Knowledge Exchange and Knowledge Sharing
MESSAGE 3

• Leadership Needed
• If not by us; then by whom?
• If not now; then when?
• If not here; then where?
• One by one & collectively
• This is Africa, what do you expect?