

"Leadership and Stewardship for SDGs "

The Role of Parliamentarians

NEAPACOH, 29.06.16.

Kampala

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ACHEST

- Think-Do Tank: registered 2005: Active 2008
- Born from local and global experience
- Africa to contribute better and gain more from global health
- Building Capacity and Synergies
- Equity, Social justice, evidence culture, African owned and driven, global partnerships
- Health governance, leadership, Health Workforce



Purpose and Approach

- Stimulate dialogue
- The concepts of health and health outcomes, its production and ownership as distinct from health care
- Accountability for Health Outcomes
- Functions of stewardship/governance for health
- Players and their roles



Data Sources

- ACHEST Studies:
 - - Strong Ministries for Strong Health Systems and Health
 - Resource Partner Institutions in five African countries (HRPIs)
- Literature, Experience
- Health Sector Reforms in Uganda,



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/him” complacency attitude
- Quality of life, Poverty, Dignity, Social Justice, Equity
- Connected Globalized World has Knowledge, Resources: lacks the will
- Governance , Organisation of society, development
- “Nothing important happens without the right climate of opinion”.
Movements on slavery, apartheid etc



Major causes & effects of household poverty in Uganda

<u>CAUSES</u>	%	<u>EFFECTS</u>	%
Poor Health & diseases	67	Poor Health & diseases	50
Excessive alcohol consumption	56	Theft	44
Lack of education and skills	50	Death	38
Lack of access to financial assistance & Credit	50	Inability to meet basic needs	35
Lack of access to markets	44	Low productivity	32
Ignorance & lack of information	44	Food shortage and hunger	27
Idleness and laziness	42	Limited income, funds & capital	27
Lack of co-operation	42	Divorce or separation	24
Large families	42	Excessive alcohol consumption	24
Insurgency	40	Failure to educate children	24

Sources: Uganda participatory Poverty Assessment survey 2002

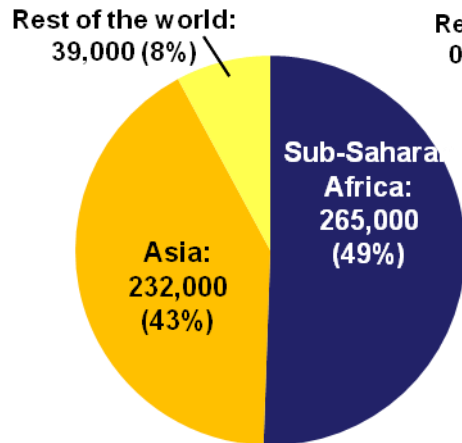
DOES ANY ONE CARE? Quality Gap.

- "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)
- Quality gap: Access to care by all; All deaths accounted for

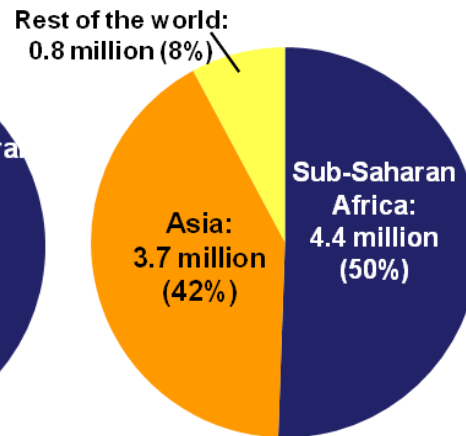


Africa has a disproportionate burden

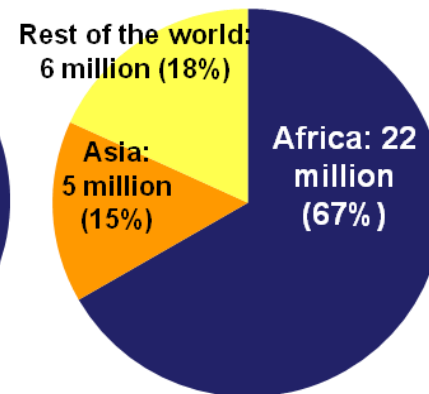
**Maternal deaths,
2005**



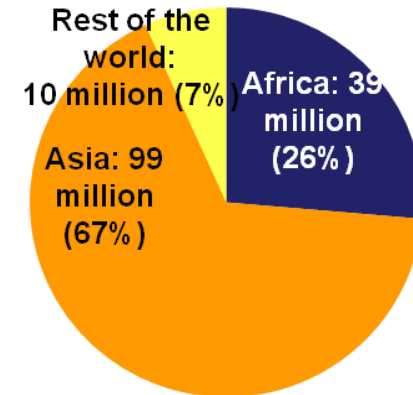
**Death of children
under five, 2008**



**Adults and children
estimated to be living
with HIV, 2007**



**Underweight children
under five, 2007**



**Africa is 11% of the world's population BUT
half of the world's burden of maternal and child deaths, 85% of Malaria cases,
67% of AIDS cases and 26% of underweight children**

**Due to an increasing epidemic of non communicable diseases
Africa is faced with a double burden of disease.**

Africa has the highest disease burden, yet the lowest level of financing on health

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.



Concepts of Health and Health Outcomes

- The WHO Constitution: *health is a state of **complete physical, mental and social wellbeing** and not merely the absence of disease or infirmity, and that the enjoyment of the highest attainable standard of health is **one of the fundamental rights of every human being** without distinction of race, religion, political belief, economic or social condition.*
- Universal Declaration of Human Rights: *everyone has the right to **a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security** in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control*



Health for All

- Original 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.”
- “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 ”

Health is made at home

- *“Health is made at home and only repaired in health facilities when it breaks down. Be clean, eat well, and do not share accommodation with animals. This is a message from the Director General of Health Services” (Omaswa 1999- 2005).*
- According to WHO, “social determinants of health are the conditions in which people are born, grow, live, work, and age”.



Good Health is Inborn

- At birth: 94% completely normal, healthy; 6% Congenital defects
- Homeostasis Claude Bernard French scientist: complex feedback mechanisms body's ability to maintain steady state of normality: sweating, shivering, thirst, flight or flight etc. Internal defenses against infections and foreign bodies
- Inborn health from womb to tomb is possible

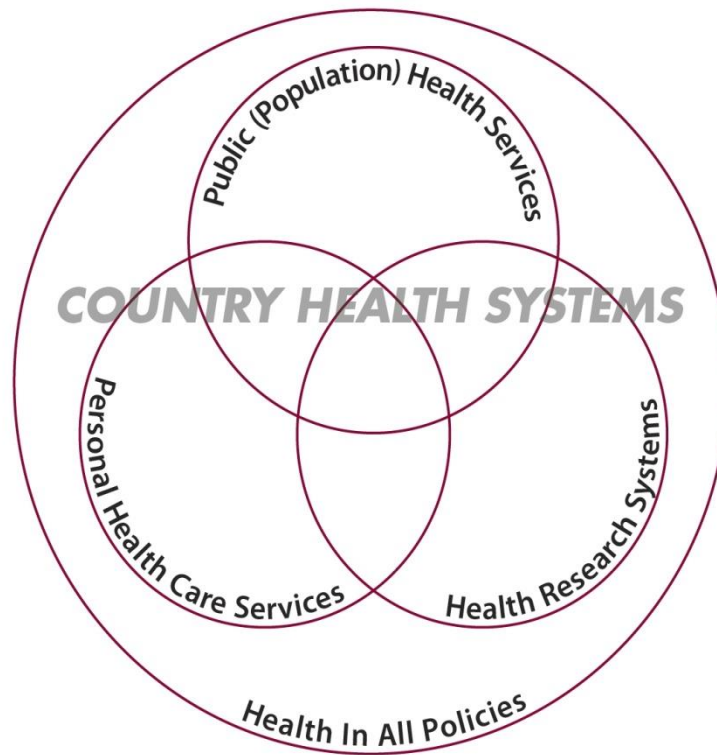


Partnership: individuals: health system: government

- **Individuals** have the primary responsibility for maintaining their own health.
- **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** is 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*)



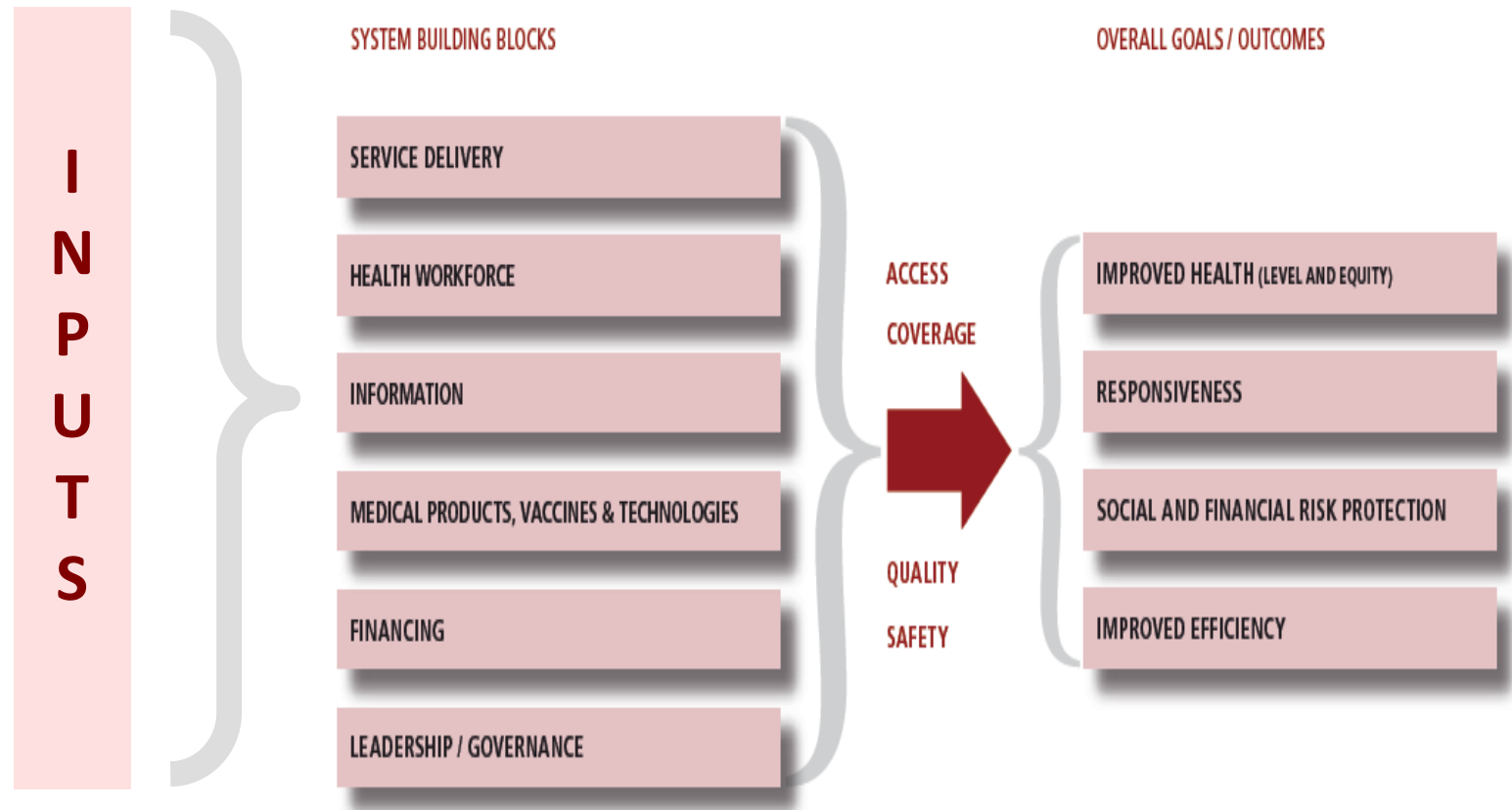
Definition of a Health System



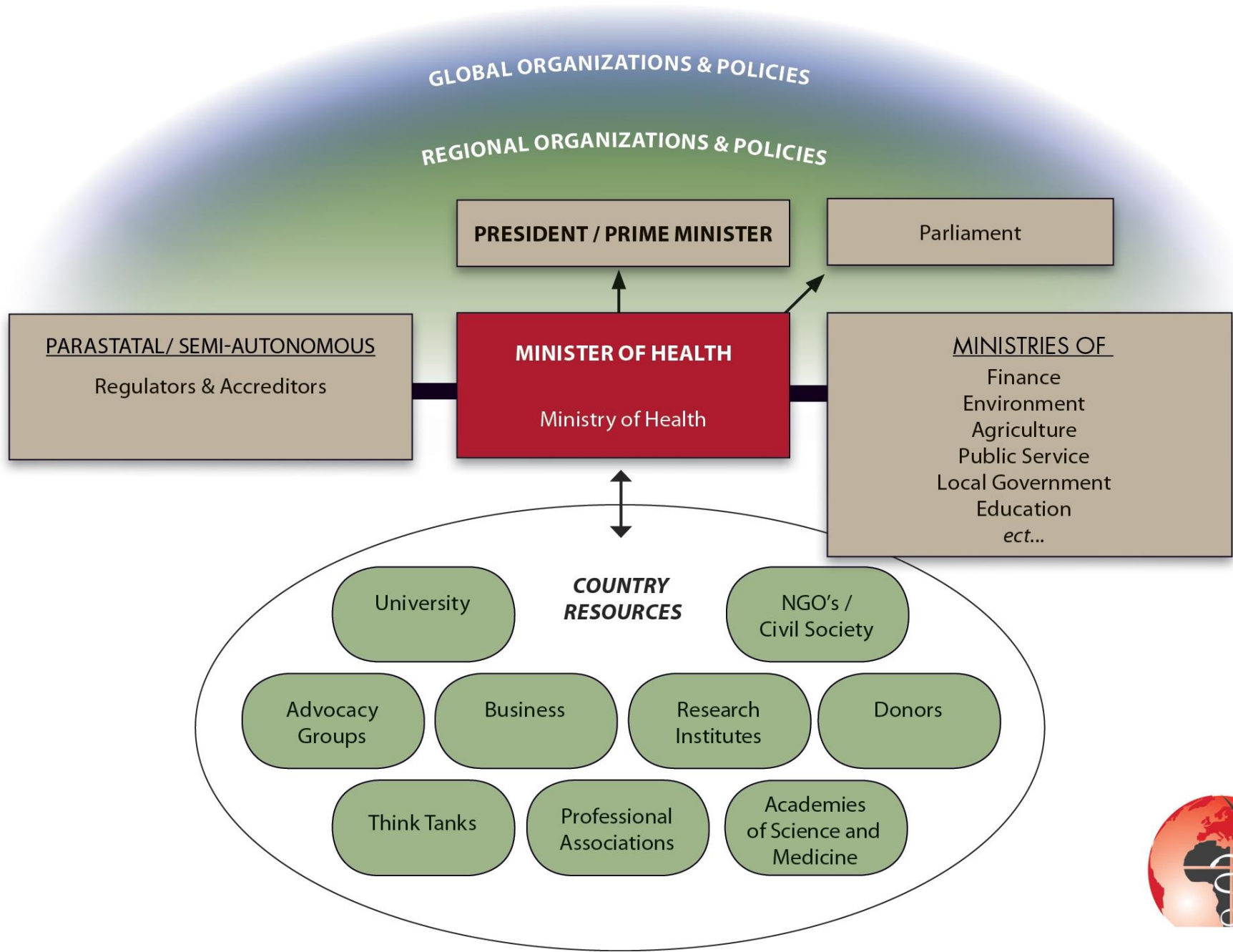
NATIONAL TOOLS ..Cont..3

NATIONAL HEALTH SYSTEMS

Each building block needs detailed preparation. National health plans draw on the work in each
(World Health Report 2000; Everybody's Business 2006)

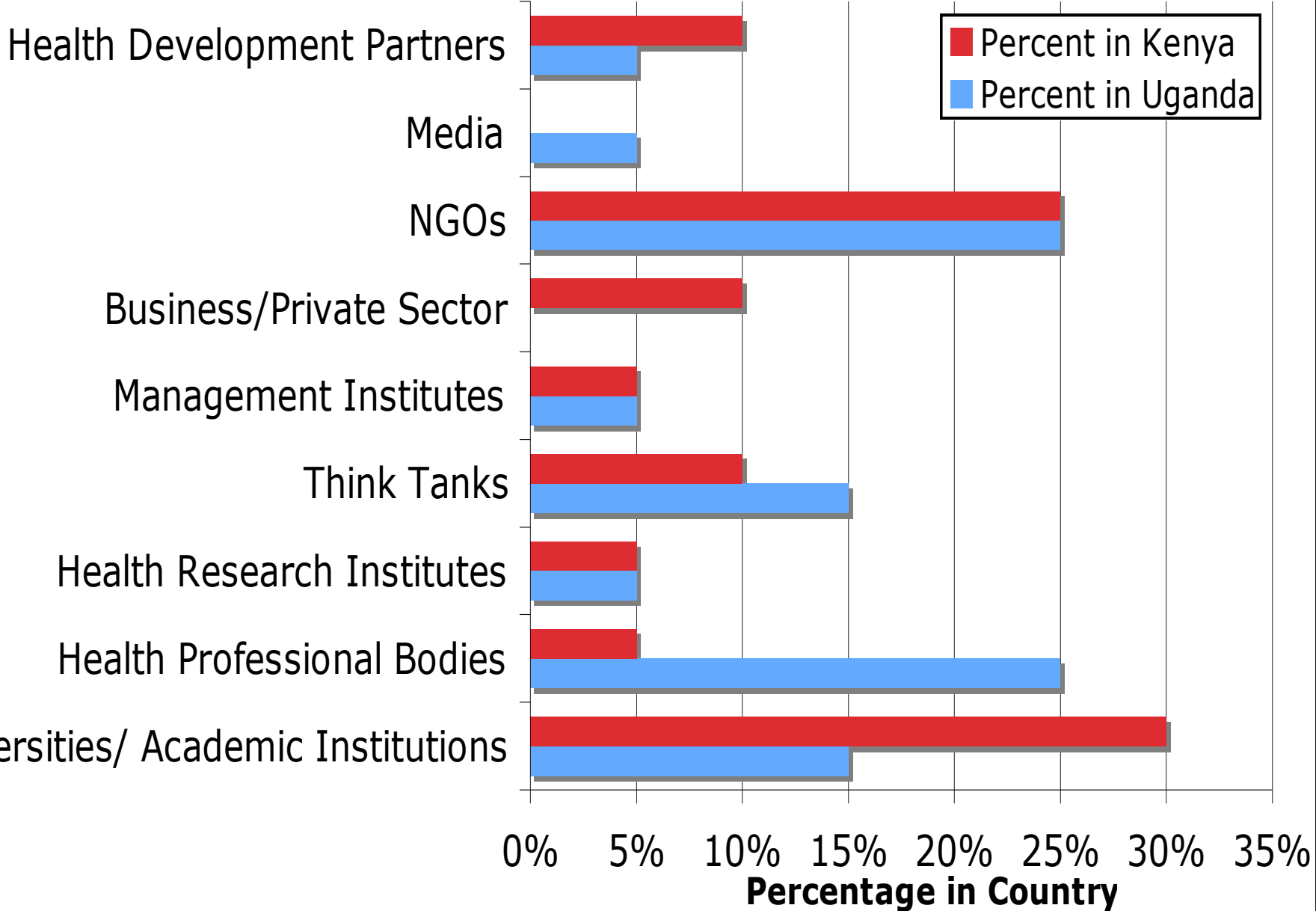


MOH OPERATING ENVIRONMENT



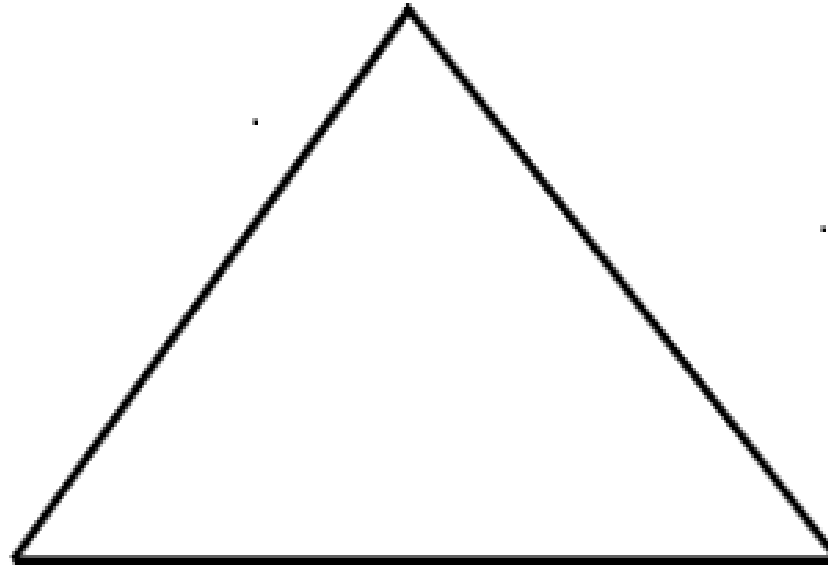


Categories of HRPIs in Kenya and Uganda (data missing from Mali)



The Triangle that moves mountains.

1. Creation of relevant knowledge



2. Social movement

3. Political involvement

Source: Prawase Wasi (2000).



MESSAGE 3

UNTIL AND UNLESS IN EACH AND EVERY COUNTY, THERE IS S CRTICAL 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.



Heath Care and Health Promotion

- The pressures to society and governments to pay more attention to repairing and restoring lost and broken individual and community health are stronger than those to promote and protect existing health e.g. Injuries, a baby must be born now, a child convulsing, an epidemic in one country puts the whole world on alert.
- Drama of providing health care is the more visible face of the health system receiving more attention and more resources than health promotion



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 ante natal 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)**



Contemporary African Experience

- Era of hope: pre & post independence confidence, great expectations
- Era of decline: governance & economic collapse; beggar hood; loss of “can do attitude”
- Era of new hope: Africa Rising; tigers, elephant, now the lion.
- Education, Leadership, Partnerships key entry points for change



Africa's Economy

The Economist Dec 3-9 2011

- “Hopeless Africa” **May 2000;**
- “Rising Africa” **Dec 2011**
- Africa's GDP is however projected to keep growing 5-6% for some years to come
- 8/10 fastest growing economies globally



Quality Assurance

- Strong Regulatory Bodies
- Strict and Independent Accreditation
- Strong Professional Associations
- Supportive Supervision
- Educated Demand
- Self Assessment



OXFORD

AFRICAN HEALTH LEADERS

Making Change and Claiming the Future



EDITED BY FRANCIS OMASWA & NIGEL CRISP

The vision

- What more Africans can do for themselves
- What they need from the rest of the world in the spirit of global solidarity
- What others can learn from Africa

... and a vision for the future where

- Health is made at home
- Universal access to health care
- An absolute focus on quality: “This is Africa. What do you expect? Only the best”

What are the roles of parliamentarians (Source: UNFPA)

- **Politics**– Make; follow up and follow through with political commitments (CARMMA, AU Summit, IPU Resolutions, etc.); champion and advocate for MNCH agenda, etc.
- **Policies** – Make supportive legislations/policies and follow up on their implementation (on health, education, women empowerment, etc).
- **Purse** – Budget appropriation/other financing options for health sector
- **Publics** – Mobilize the population for services, health prevention, etc.
- **“Policing”** – Monitor performance/accountability – political commitments; financial & programme results. Wide gaps exist between commitments and deliveries; between policies & executions!!