

A panel discussion how to base  
country health priorities on the  
Sustainable Development Goals.  
Zambia and other country cases.

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panelists Wasnwuri Akor, Rasim Ceyhan and Valerie A. Luyckx.

# Background

- The ever increasing evidence and technical developments supporting population health have not yet reached the goal of health for all.
- The decision making for population health has not led to optimally accountable, fair and sustainable solutions.
- Technical experts, politicians, managers, service providers, community members, and beneficiaries each have their own values, expertise and preferences, to be considered for necessary buy in and sustainability.

# Zambia case

Zambia is a landlocked lower middle-income country in Southern Africa

Covers 752620 square Km.s

Population 13.1 million people (2010) with a population and GDP growth rate about 3 %

Percent Urban/rural population below poverty line by 2015: 23.4/76.6.

Similar disparities in service coverage and quality.

# Zambia 2017-21 strategic plan

- Current policies, strategies, priorities and constraints well described.
- Strategic priorities are partly abandoned in the long list of required performance indicators that are not clearly linked to budget lines
- Targets rather follow conventional external funding priorities

# Zambia studies 1

- **1. Increased fairness in priority setting processes within the health sector: the case of Kapiri-Mposhi District, Zambia.**  
<http://www.biomedcentral.com/1472-6963/14/75> A responsive leadership that was increasingly accountable to its operational staff and communities emerged as one of the key elements in driving the processes forward. **Question: Does inclusiveness and fairness scale up depend on their practice at national level ?**
- **2. A systematic review of factors that shape implementation of mass drug administration for lymphatic filariasis in sub-Saharan Africa** <https://doi.org/10.1186/s12889-017-4414-5> Mass drug administration for lymphatic filariasis elimination programmes should design their implementation strategies differently based on specific contextual factors to improve implementation outcomes. **Question: Are MDA approaches unsustainable and compete out action on determinants**

# Zambia studies 2

- **3. Report on pilot screening of Zoonotic Diseases and of Systems Capacity for their Surveillance and Control.** An integrated One Health approach with further reference to the principles of the Sustainable Development Goals is a necessity for long term control of Zoonotic Diseases. Yet another special mainly health sector funded program will not be feasible. **Question: Should the health sector set priorities for health determinants to be addressed by other sectors.**
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- **4. The need for global application of the accountability for reasonableness approach to support sustainable outcomes: Comment on “Expanded HTA: enhancing fairness and legitimacy.** [Int J Health Policy Manag.](#) 2016 Aug 15;6(2):115-118. doi: 10.15171/ijhpm.2016.106.
- It is unethical not to take AFR conditions beyond their still mainly formative stage and scale up their application within routine health systems management.. **Question: Is a much greater democratization of all levels of society necessary before AFR and similar change management approaches can ensure accountable priority setting.**

# Zambian view points

- National governance results in policy based choices that are not necessarily helpful at implementation and community levels
- Evidence may just show the evident that if one comprehensively addresses a particular disease burden it does decrease, but limits other action
- The Sustainable Development goals included democratic cross sector processes in their formulation, but the targets still tend to receive funding from competing sectors and programs

# Defining health systems

The WHO Public Health Paper 59 of 1974: Schaefer M. Administration of *Environmental Health Programs-A systems view* . provided a comprehensive systems view that remains an essential reference for PHC and now the SDGs. See:

<http://apps.who.int/iris/handle/10665/37904>



# Health systems

- Comprehensive health systems must include a balance between provider and user influence and health impacting actions of other sectors and communities.
- Health Services can be termed as mainly health sector provider aspects of Health Systems.
- Population health is an outcome of health sector action and of action on determinants of health across sectors and Sustainable Development Goals (SDG)



# SUSTAINABLE DEVELOPMENT GOALS

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, JUSTICE AND STRONG INSTITUTIONS



17 PARTNERSHIPS FOR THE GOALS



# Primary Health Care (PHC) and SDGs

PHC was introduced 1978 as a health systems and not just a first contact level approach. It applied 5 overall systems principles.

- Equity,
- Focus on Prevention,
- Appropriate Technology,
- Inter-sectorial Collaboration,
- Community Participation.

They remain important values for health and SDGs

# SDGs and health systems

- PHC also considered values of effectiveness, efficiency, costs and management, but not adequately for donor buy in.
- PHC was dismantled into selective services
- Next 5 slides show the main sequence of adding mainly provider approaches.

# Focus on Cost Effectiveness

- The 1993 World Development Report focused on cost effectiveness of services and outcomes rather than on context, processes and participation. A strong focus on privatization characterized some developments
- Value based priority setting at subnational and national levels became weak.
- Approaches remained largely prescriptive and tied to poorly coordinated conditions.

# Burden of Disease focus

- Disability Adjusted Life Years (DALY) measures were useful, but also represented compound evidence based indicators that are not appropriate to routine performance monitoring.
- The new strategies focused on equity, quality and cost-effectiveness, which are competitive within fixed resources
- Nationally desired funding was not achieved and disbursements to district levels became inadequate for required services and requested management of specific programs. .

# A multitude of approaches

- Global Programs were introduced such as the Global Fund to Fight AIDS, Tuberculosis and Malaria.
- They mainly addressed infectious diseases of global importance, but they did not fit with more common disease burdens in developing countries.
- The health systems capacity was found important, but models for them differed even between the parts of countries .

# Values, ethics and priority setting

- More people centered participatory approaches actions emerged
- Accountability for Reasonableness (AFR) for agreement between individuals and organizations concerned.
- Four guiding conditions: Relevance, Publicity, Appeals and joint Enforcement of first three conditions.



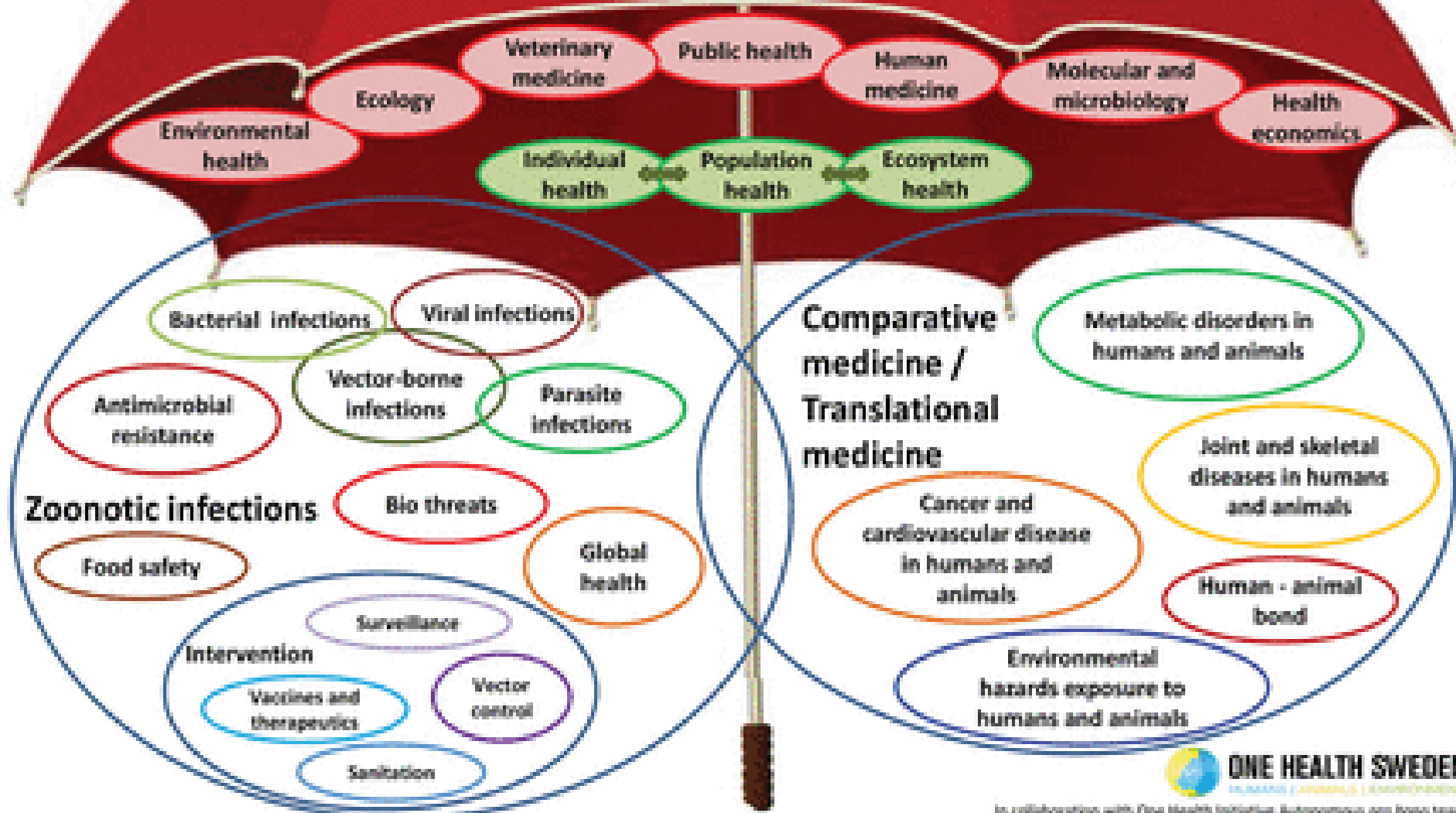
# Systems Thinking and Universal Health Coverage

- Six health systems building blocks were defined 1. Health Service delivery, 2. Health workforce, 3. Health information system, 4. Health systems management, 5. Financing, 6. Leadership.
- They underlined the shared resource basis for most programs and services
- They led to the aim of Universal Health Coverage (UHC). A drive for stronger user involvement in UHC is ongoing

# SDGs – a systems view

- the SDG's provide a new global context for the health sector. The principles of the SDGs correspond best to the health systems view of 1974 and PHC.
- The health determinant focus has recently been reinforced by an approach to include Health in All Policies (HiAP)
- The One Health Data, Discussion and Decision program and approach to health for humans, animals and the environment are SDG supportive approaches

# One Health



# Core issues

- Health sector role in supporting achievement of not only the health targets of SDG three, but also health associated targets of other SDGs.
- Importance of addressing accountability, vested interests, ethics and sustainability for health and development.

# Accountability

- National level democracies seem constrained because populations are not having experiences from principles for participation at sub national levels
- In the health sector, provider and user knowledge, opinions and preferences on health are far better than for national governance.
- Donor support and associated consultancies do poorly address country defined needs.
- National capabilities have increased and their universities can deliver more contextually accountable advisory services

# Vested interests

- Aid Agencies in developing countries make reference to program acceptability to own home country taxpayers.
- Poor compliance and respect towards country based democratic legitimacy
- Organizations trying to carve out space for their own agenda and funding within single goals among the SDGs

# Ethics

- The individual requirement to if needed receive the currently most effective available treatment is an ethical imperative and a right, but so is the overall and equitable action for population health.
- Better population health will decrease many primary and repeat treatment and intervention costs.

# Sustainability

- For reasons of democratic legitimacy and sustainability we need balanced solutions with participatory approaches being informed and not overruled by the technical ones.
- AFR might be easier to accept and operationalize if further explained as Accountability for Fairness and Rights.
- AFR can become a democratic process guidance within the SDGs. A democratic national and global governance is highly needed and can start within health systems.



# **An initial focus**

- The One Health approach towards addressing priorities for a range of health determinants
- Participatory democratically based priority setting and joint responsibility for actions.
- Shared monitoring of health systems, SDG target processes and health outcomes.


# Panel process

- The Zambia case will be presented by the chair. Panelist will briefly compare with their own country setting.
- After a panel round, questions and comments are invited from the audience.
- The chair will summarize input towards any consensus on the need for the health sector to in each country:
  1. Provide the health indicator expertise (based on recent One Health concepts) for measuring progress towards the overall SDG achievement.
  2. Set agendas for all health related targets of SDGs



# Nigeria SDG case

by panelist Wanwuri Akor



# Introduction

- Estimated population of approximately 183million
- 3-tiered federal system of governance
- Middle income country



# MDGs to SDGs

Early adopter of the vision  
2030 (September 2015)

Began baseline tracking of  
indicators, based on lessons  
learnt from the MDG's

However data still lacking  
for several indicators

## ***Nigeria's Vision***

- Leave no Nigerian behind
- Integrate the SDGs in an inclusive and people-centered manner
- Focus on institutional and policy strengthening

# Thematic frameworks

- i. Institutional Framework;
- ii. Policy and Legal Framework;
- iii. Partnerships;
- iv. Data, Monitoring and Reporting;
- v. Human Resources;
- vi. Communications Framework;
- vii. Financing Framework

# SDGs

## Institutional Framework

- 1. Strengthen NPC and OSSAP relationship
- 2. Make permanent inter-governmental collaboration
- 3. Reposition Local Government as the SDGs tier of government
- 4. Improve coordination through NEC
- 5. Establish rolling NCCGS and PCM
- 6. Consolidate ins

## Policy and Legal Framework

- 1. Establish/create Sustainable Development Goals legislation
- 2. Establish appropriate legislation for:
  - a. Setting minimum expenditures for SDGs
  - b. Conditional Cash Transfers
- 3. Coordinate multiple grants between tiers of government into overarching conditional grants framework
- 4. Sensitise new Ministers and NASS members on the Conditional Grants

# Health priorities and SDGs

- In Nigeria, the SDGs built on existing MDGs
- It relied on existing health priorities – using base line indicators
- There are opportunities for strengthening the priority setting process within the framework
- The key issues –
  - Strengthening linkages with other partner ministries, states and LGAs in achieving the SDGs – legislative?
  - Data, for monitoring





Panelist Valerie Luyckx referred to her  
case study paper:

**The global burden of kidney disease and the  
sustainable development goals**

<http://www.who.int/bulletin/volumes/96/6/17-206441.pdf>