Governance and health outcomes

The issues are inextricably linked. Sometimes the negative cause can be overt, such as in times of civil disturbance; sometimes it is much more subtle, but equally as disruptive. Francis Omaswa observes

The New Year has dawned on Africa with political crises in South Sudan, the Central African Republic, and the Democratic Republic of the Congo. I travelled back home from the Recife, Brazil 3rd Global Forum on Human Resources for Health last November in the company of the Director for Human Resources for Health in the government of South Sudan, and other colleagues, and we had time to discuss the African situation during transit time between flights. I have been thinking of him and the possible impact on his work of the political crisis in his country. From my own experience in Uganda's troubled past, war and civil strife result in conditions where people die more from the social impact of the strife than from bullets and bombs. Most people die as a result of lack of proper sanitation, safe and adequate food and water, crowding, cold and heat, and of course lack of basic health services. Poor health indices go hand in hand with war and civil strife and the opposite is also true where continuously improving health indices thrive where peace and tranquility prevail.

I have been consoled by the energetic response of African countries, the United Nations, and the international community to the three crises listed here and to other recent ones in other parts of Africa and the world. I am confident that in the goodness of time stability and peace will return to these countries. In the meantime the provision of basic healthcare is addressed by specialised departments of the UN such as the United Nations

Health Care Organization, the WHO Health Action in Crises, the Red Cross, and Red Crescent Society; and also NGOs such as Doctors without Borders.

I have selected to write on this topic because it provides us with an excellent opportunity to underline the critical linkage between good governance and good population health. The current discussions on the post-2015 agenda, the Rio +20 Declaration on the Social Determinants of Health, and the Alma Ata Declaration on Health for All and WHO health systems building blocks, place emphasis on the linkage between governance of health and governance of society and health outcomes. We are refering to governance of health at all levels, namely global, regional, national, subnational, and community.

Governance failures at any of these levels will impact health outcomes at all the other levels. For example failure of timely detection and reporting of an epidemic at community level can lead to a global health threat, while prompt action at community level can nip an epidemic with potential global implications in the bud. Similarly, adoption of inappropriate global policies on health can lead to misdirected allocation of resources and stifle health action at regional, country, and community level with negative implications for population health, while sound global policies can facilitate community health action.

In my experience, we can find gaps in the governance of health at all levels. How do we create institutional environments that promote good governance of health? Are we prepared to learn and to listen? Where is the common good in the actions that we take? Are we prepared when the need arises to lead when leadership is called for?

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