Leaving no one behind

Francis Omaswa looks at the challenges in designing health systems for accelerating the achievement of the Sustainable Development Goals

The months leading to the end of 2016 saw a flurry of activity around positioning for the acceleration of the achievement of the Sustainable Development Goals (SDGs). At ACHEST we convened several meetings including a regional consultation of think tanks and academic institutions in September 2016 with support from International Development Research Centre of Canada and the 3rd African Health Systems Governance Network in October 2016 supported by the USAID. In November 2016, ACHEST participated at a meeting in Rio de Jenairo and at the Global summit on Health Systems Research, Vancouver. In December 2016, one of our colleagues was at another meeting on SDGs convened by the UN in Vienna, while I attended two meetings in Geneva on Universal Health Coverage and a high level ministerial meeting on the UN Secretary-General Commission on Health Employment and Economic Growth. Two other ACHEST colleagues were on mission to Nigeria to monitor migration of health workers.

So with all this activity, what is going on? Where are we going and how do we get there with the SDGs as soon as possible 'leaving no one behind' as the slogan states?

This is how I see it. Our first and most important job is to create the right climate of opinion that will enable global and regional actors to support country health systems that leave no one behind. The future health system should be one that is 'wellness-based as opposed to illness-based' systems of today.

Who will be the key players? First and foremost it is the individuals, the ordinary person everywhere, together with their households and communities who should be empowered to own and take responsibility for maintaining their own health, which in most cases is inborn and self-regulated. The internal environment of each persons' body is scientifically very carefully self-regulated, creating a harmonious physiological balance that gives the feeling of wellness and wellbeing. It is very often the behaviour of people as individual households and communities that disorganise this 'mileau interior', originally described by Frenchman Claude Barnard. We introduce substances into our bodies and treat our bodies in ways that disturb this well balanced internal environment, resulting in the loss of wellness.

A wellness-based health system can only work if it is owned and driven by individuals in the way they live out their daily lives. It is therefore the most important duty of the health system to provide the population with information that creates a high-level of health literacy and empowers people to possess and apply knowledge for making lifestyle choices that maintain and promote individual and community health and wellness.

Empowering individuals to maintain wellness should create in the population a sense of ownership of the health system, as was envisioned in the Alma Ata Declaration where one of the tenets was the 'active participation of the people themselves'. Not only that, but this should also empower the population to demand quality health services and contribute to a better performance of 'their' health system. This is also a realistic entry point for getting the balance right between the illness-based and wellness-based health services.

It is individuals who bring themselves together to create groups known as Civil Society Organisations Professional Associations, Trade Unions, and even political parties. These institutions are the vehicles for ensuring that the visibility of the health agenda remains high, relevant and acceptable within context. These institutions need to be supported and decentralised as near the households as possible.

Another key player is national governments. I heard African delegates, in one of the December meetings in Geneva, lamenting the failure of the international community to create positive change in the performance of African health systems. My questions are: Where are the African governments and other African health leaders themselves in this equation? Why blame others and not ourselves? Where is the ownership and accountability? As I have written elsewhere in the past, we need to feel the pain and shame, and cause sustainable African led change for ourselves.

Other critical players are regional and sub-regional groups who can facilitate convening and joint learning, the international health community, including the UN family and financial institutions, who should all rethink their strategies to better support the approaches articulated here.

Finally, accelerating the achievement of SDGs will require intense intersectoral collaboration and from my experience working in and with government, this is not easy. To address this challenge, the think tank meeting in Kampala recommended that we should assemble evidence through locally contextualised multi-sector studies and tactfully use the data for advocating for integrated primary health systems. It appears this message is gaining momentum as I was delighted to hear Bill Gates talking about strengthening health delivery systems only last week. We still have a lot of work to create that right climate of opinion.

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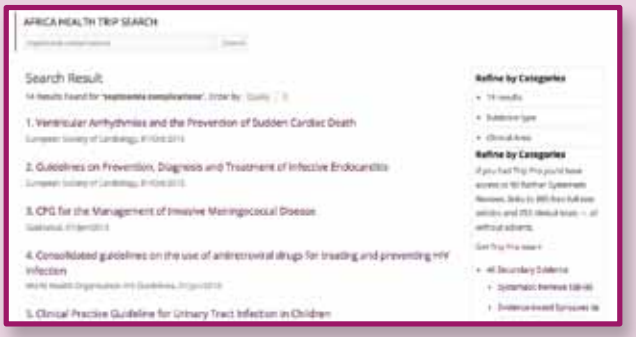

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