Health 2030:
A paradigm shift – or death by path dependency & vested interests?

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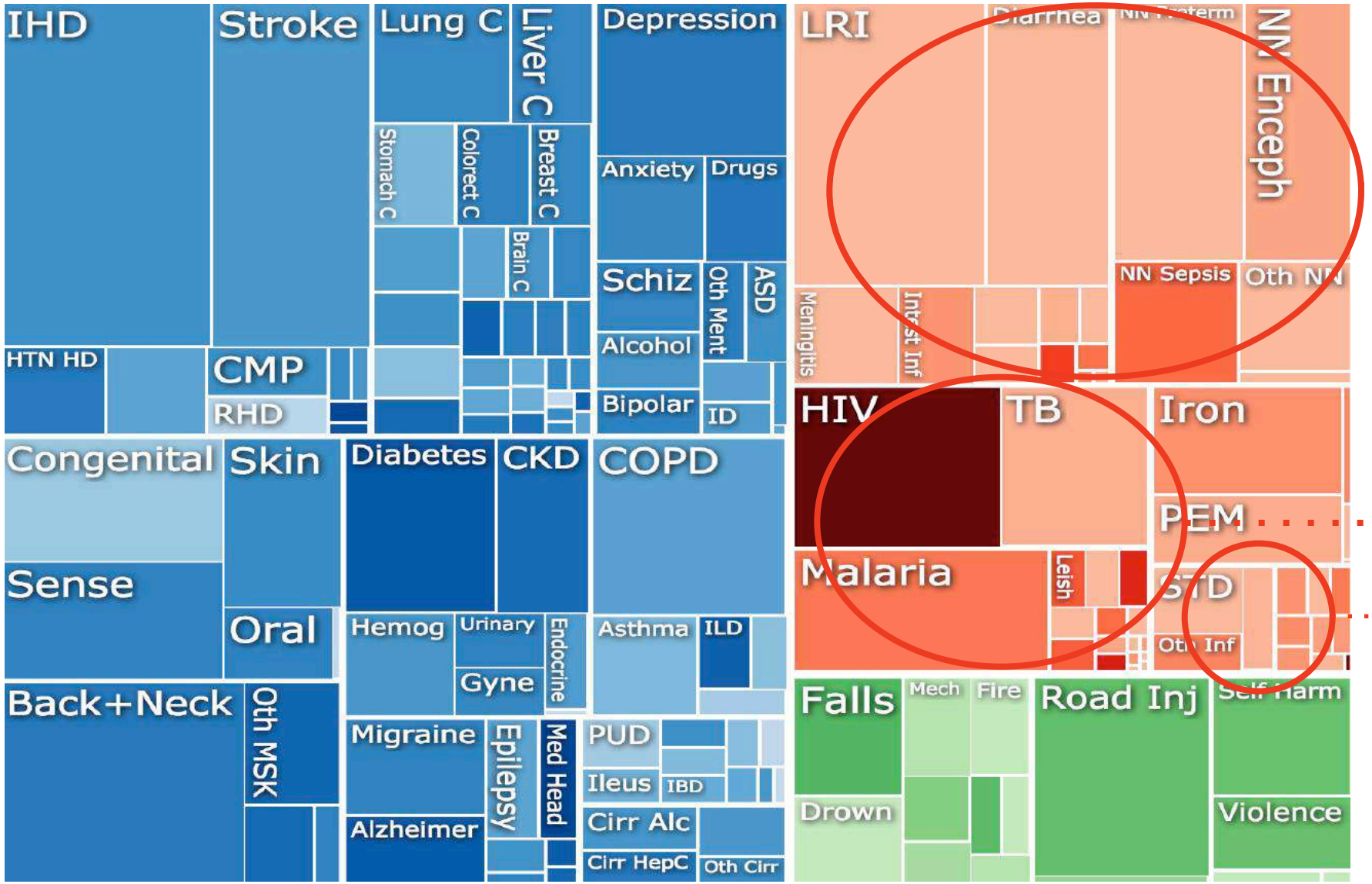
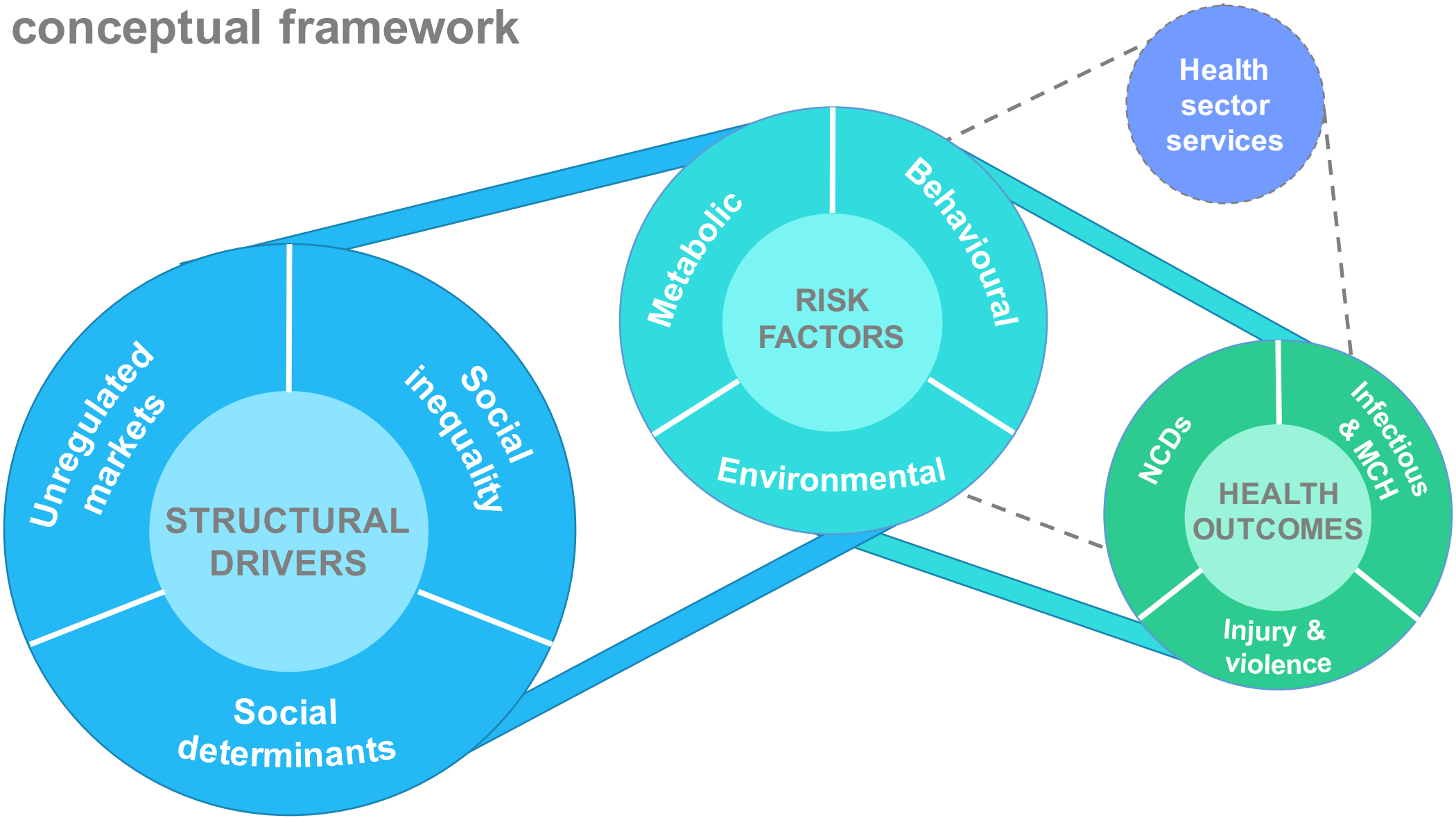
Leading health "outcomes": global burden of disease, 2010



What drives ill-health?

A conceptual framework



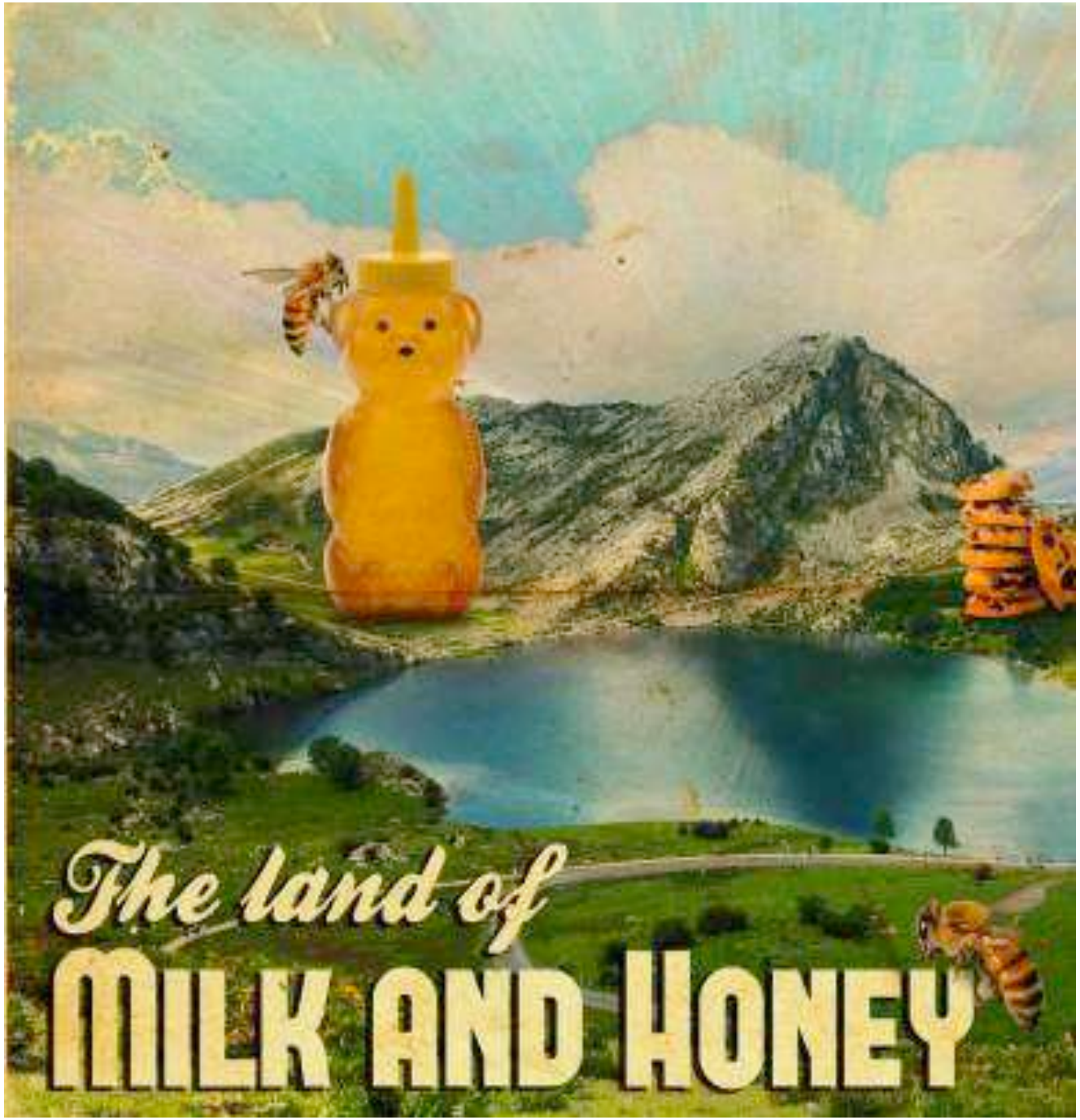
Sustainable Development Goals

- Health targets reflect (better) burden of disease (than MDGs)

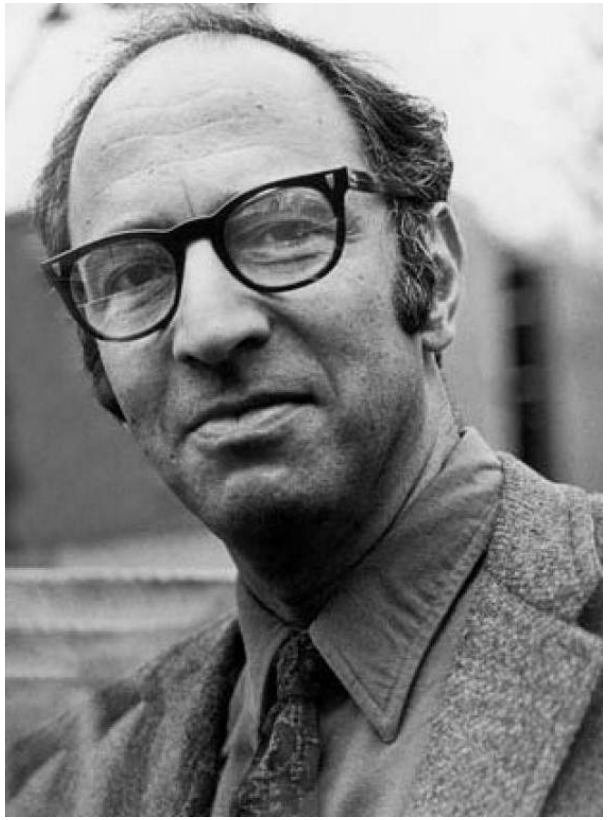
- Agenda is all-encompassing:

  * Indivisible, inter- dependent goals and targets

  * Addresses equity and 'leaves no-one behind'



Shifting the paradigm to achieve SDG3



Thomas Kuhn

Discontent with status quo

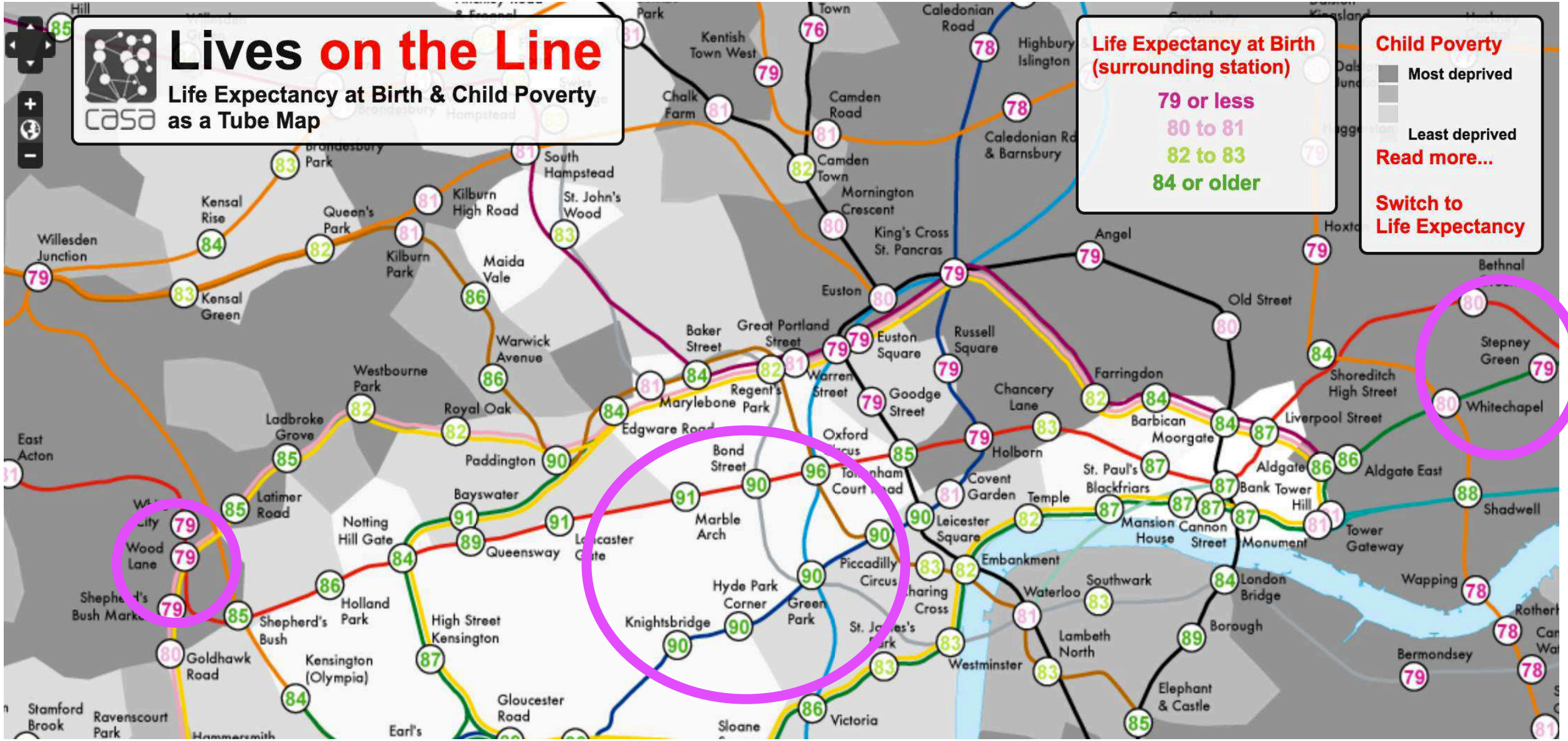
↓

Period of crisis and "debate over fundamentals"

↓

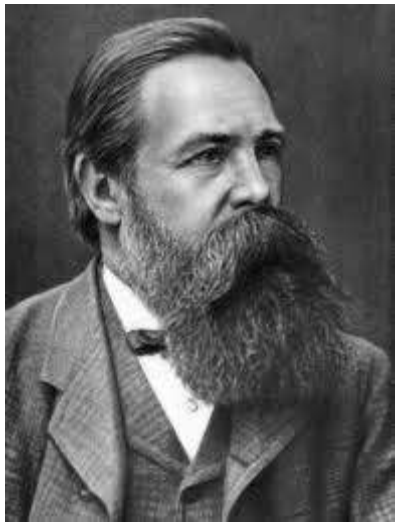
'Revolutionary change in world view'

What is the status quo?



What has been the debate over fundamentals?

Problem noted



"The men wear out very early in consequence of the conditions under which they live and work"
Engels, 1840

Solution?

[Prevent typhus] through "education, together with its daughters, freedom and welfare"
Virchow, 1848

More sophisticated solution?

"Health inequalities result from social inequalities. Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently... actions must be universal, but with proportionate universalism".
Marmot, 2010

The limited reach of medical magic bullets

Did Medicine Cause the Decline in Mortality Rates?

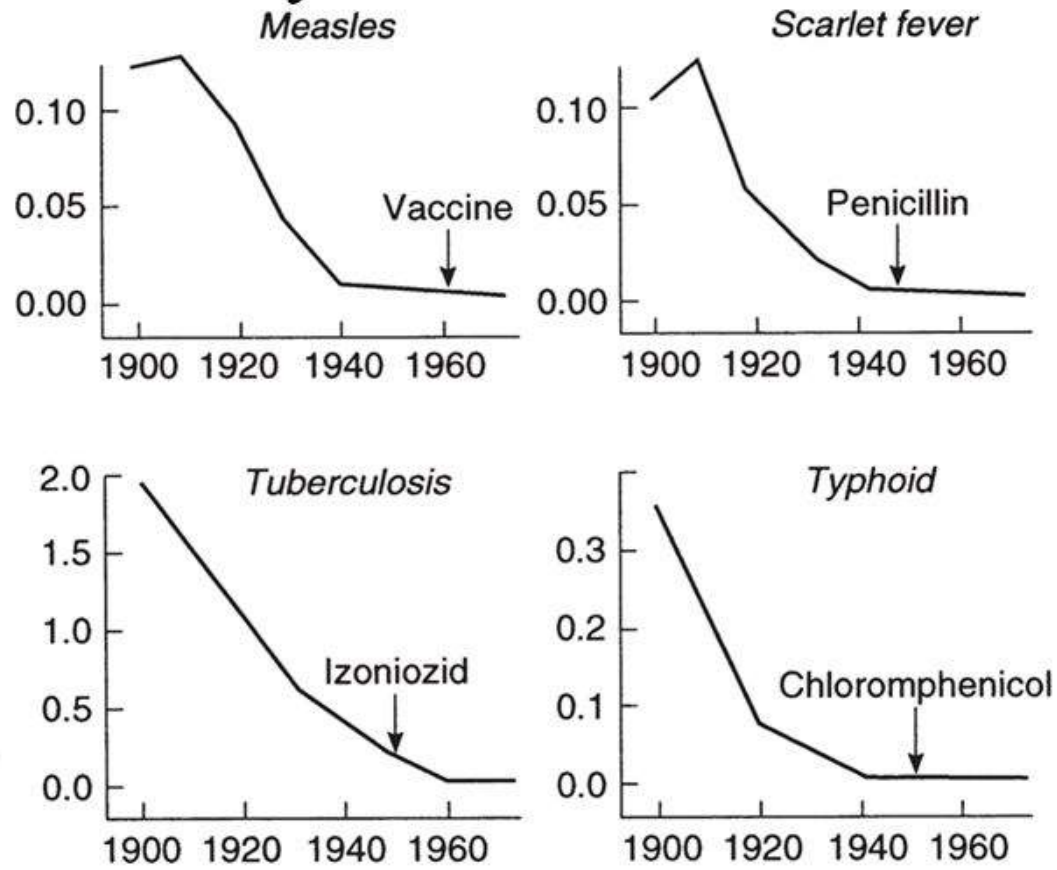
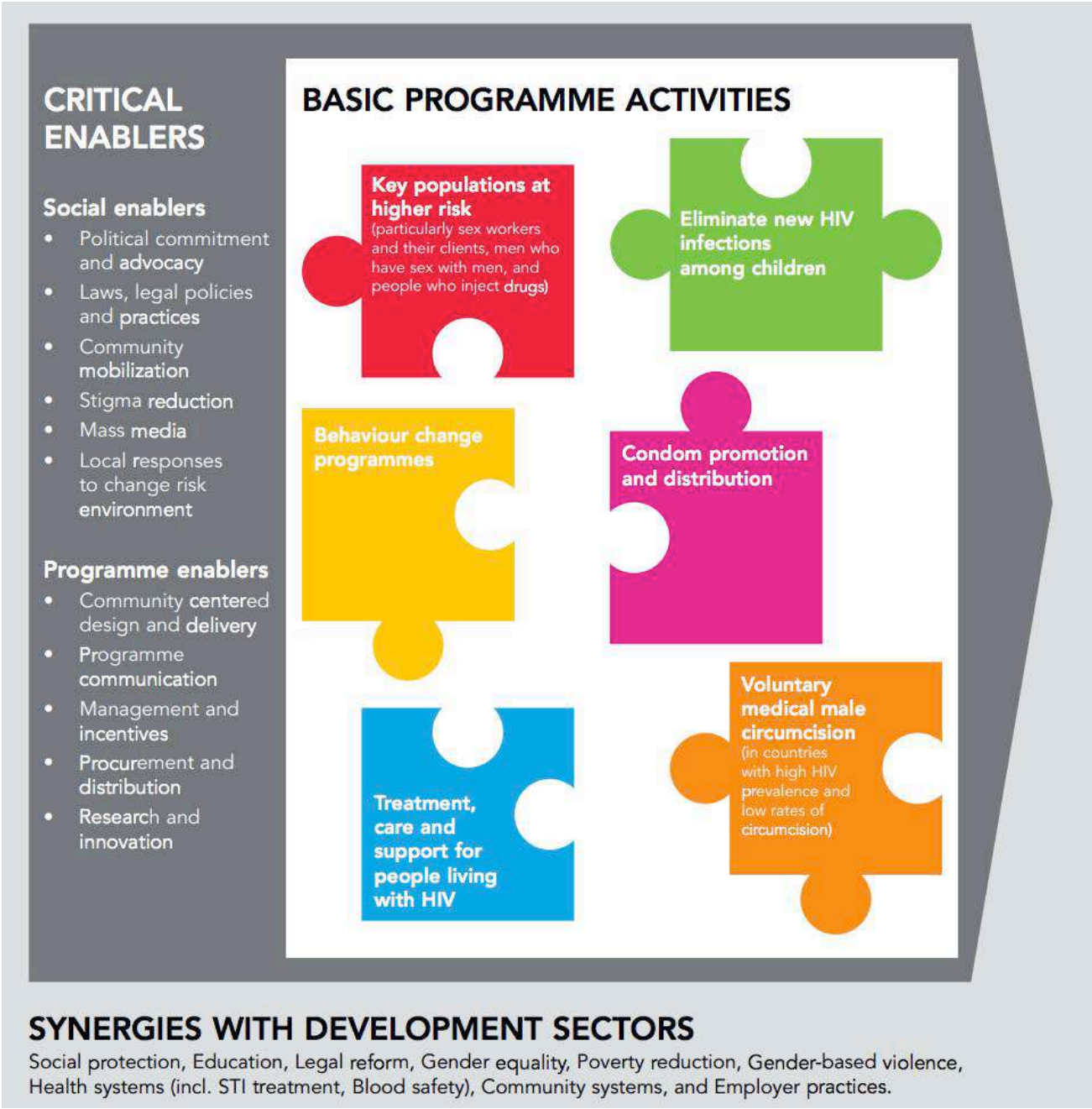


Figure 5-3 Fall in the Standardized Death Rate per 1,000 Population for Four Common Infectious Diseases in Relation to Specific Medical Measures for the United States

Source: Reprinted from Milbank Memorial Fund Quarterly/Health and Society, John B. Mckinlay and Sonja M. Mckinlay, "The Questionable Contribution of Medical Measures to the Decline of Mortality in the United States in the Twentieth Century, *Milbank Memorial Fund Quarterly/Health and Society 55 (1977): 405–428, with the permission of* Blackwell Publishers.

Ending AIDS: treatment one of several critical interventions



5 paradigm shifts to improve population health

1. intersectoral leadership and coordination
2. prevention through political action on structural drivers
3. effectively tackling commercial determinants
4. promoting the right to health
5. civic engagement and accountability

Where are we in achieving these shifts?

Buse and Hawkes *Globalization and Health* (2015) 11:13
DOI 10.1186/s12992-015-0098-8

GLOBALIZATION AND HEALTH

REVIEW Open Access

Health in the sustainable development goals: ready for a paradigm shift?

Kent Buse[1] and Sarah Hawkes[2*]

Abstract

The Millennium Development Goals (MDGs) galvanized attention, resources and accountability on a small number of health concerns of low- and middle-income countries with unprecedented results. The international community is presently developing a set of Sustainable Development Goals as the successor framework to the MDGs. This review examines the evidence base for the current health-related proposals in relation to disease burden and the technical and political feasibility of interventions to achieve the targets. In contrast to the MDGs, the proposed health agenda aspires to be universally applicable to all countries and is appropriately broad in encompassing both communicable and non-communicable diseases as well as emerging burdens from, among other things, road traffic accidents and pollution.

We argue that success in realizing the agenda requires a paradigm shift in the way we address global health to surmount five challenges: 1) ensuring leadership for intersectoral coherence and coordination on the structural (including social, economic, political and legal) drivers of health; 2) shifting the focus from treatment to prevention through locally-led, politically-smart approaches to a far broader agenda; 3) identifying effective means to tackle the commercial determinants of ill-health; 4) further integrating rights-based approaches; and 5) enhancing civic engagement and ensuring accountability. We are concerned that neither the international community nor the global health community truly appreciates the extent of the shift required to implement this health agenda which is a critical determinant of sustainable development.

Keywords: Global health, Post-2015, Health policy, Evidence, SDGs, MDGs, Social determinants of health

Introduction

Health has been recognized as central to international development for more than 20 years, and major efforts have been made to reduce morbidity and mortality either universally, or through a focus on specific population subgroups (e.g. "the poor", "women and children") [1]. The eight Millennium Development Goals (MDGs), adopted in 2000, included three health-related goals to be met by 2015: reduction in child (under 5 years) mortality (Goal 4); reduction in maternal mortality and access to reproductive health care (Goal 5); and reversing the spread of HIV/AIDS, tuberculosis and malaria (Goal 6). These were instrumental in focusing global resources in low- and middle-income countries. Table 1 charts progress towards the three health goals (MDG 6), but although both child and maternal mortality have declined significantly, we are still not on track to reach their associated targets [2].

In 2015, the MDGs will be superseded by the Sustainable Development Goals (SDGs). Setting global goals for health carries far-reaching and profound implications for global development. One analysis of the impact of the MDGs found that they have increased aid flows, but evidence for their impact on policy change, particularly in poorer countries, is weaker [3]. There is debate about the impact that official development assistance (ODA) for health may have on health outcomes [4]. Nonetheless, the SDGs are of significance to everyone concerned with health, justice and development as they are likely to

Shift 1:
Intersectoral leadership & coordination

- Action across sectors to achieve health goals raises questions of:
  - Governance
  - Prioritization
  - Planning
  - Investment
- How to align interests and incentives across sectors?
- What can we learn from other sectors?

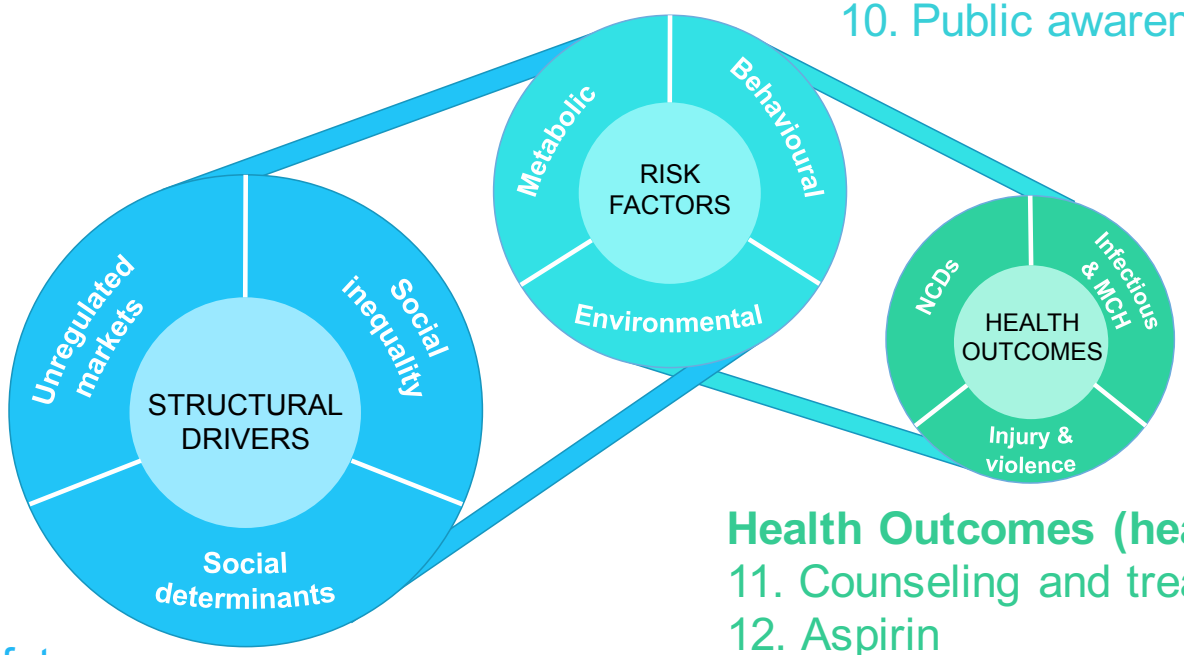
"The problem is that the health sector is very strong in convincing itself that other sectors should do something. And it is very weak in speaking the language of the other sectors…"

Gopinathan et al, 2015, DOI: 10.1186/s12992-015-0128-6

Shift 2:
Focus on prevention through political action on structural drivers

WHO's 14 best buys for preventing NCDs (2011)

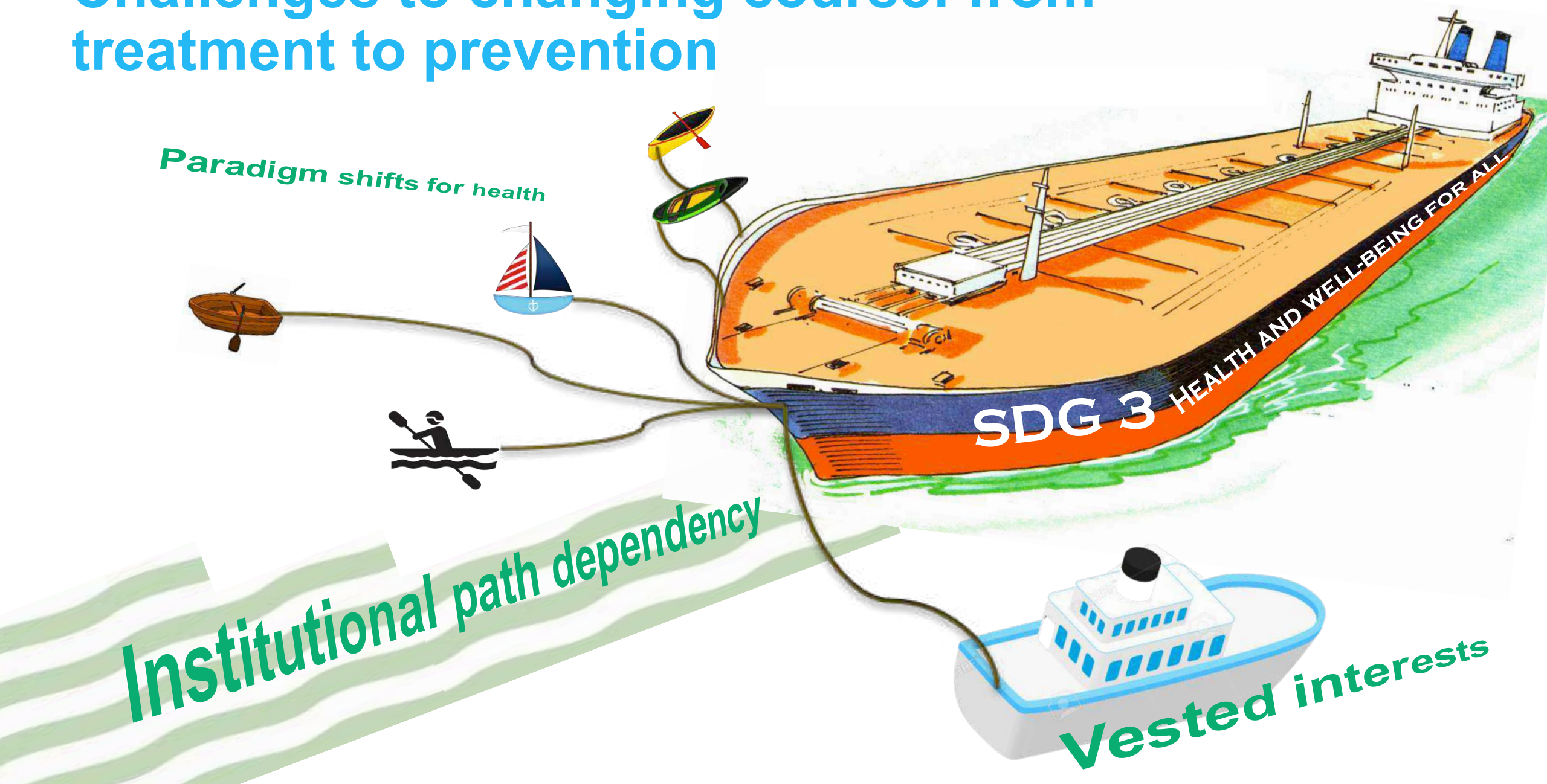
Structural
1. Tax increase on tobacco
2. Smoke free places
3. Bans on tobacco advertising
4. Tax increase on alcohol
5. Restricted sale of alcohol
6. Bans on alcohol advertising
7. Reduced salt in food
8. Replacement of trans with poly fat



Risk Factors
9. Health information and warnings
10. Public awareness campaigns

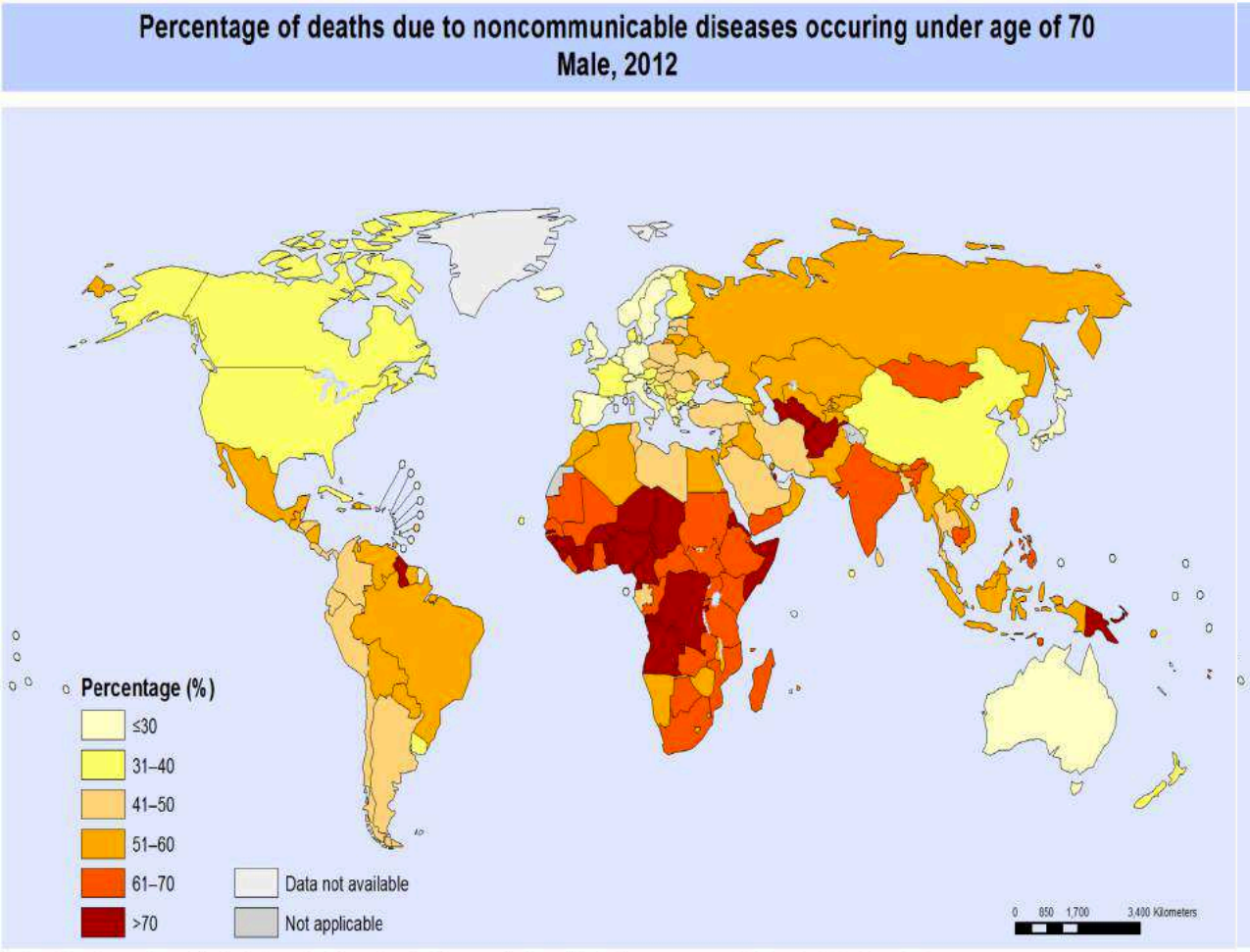
Health Outcomes (health sector)
11. Counseling and treatment for CVD
12. Aspirin
13. Hep B immunization
14. Screening/treatment for cervical cancer

Challenges to changing course: from treatment to prevention



Shift 3:
Tackle impact of unregulated markets (commercial determinants of health)

NCDs are largest contributor to premature mortality in LMICs



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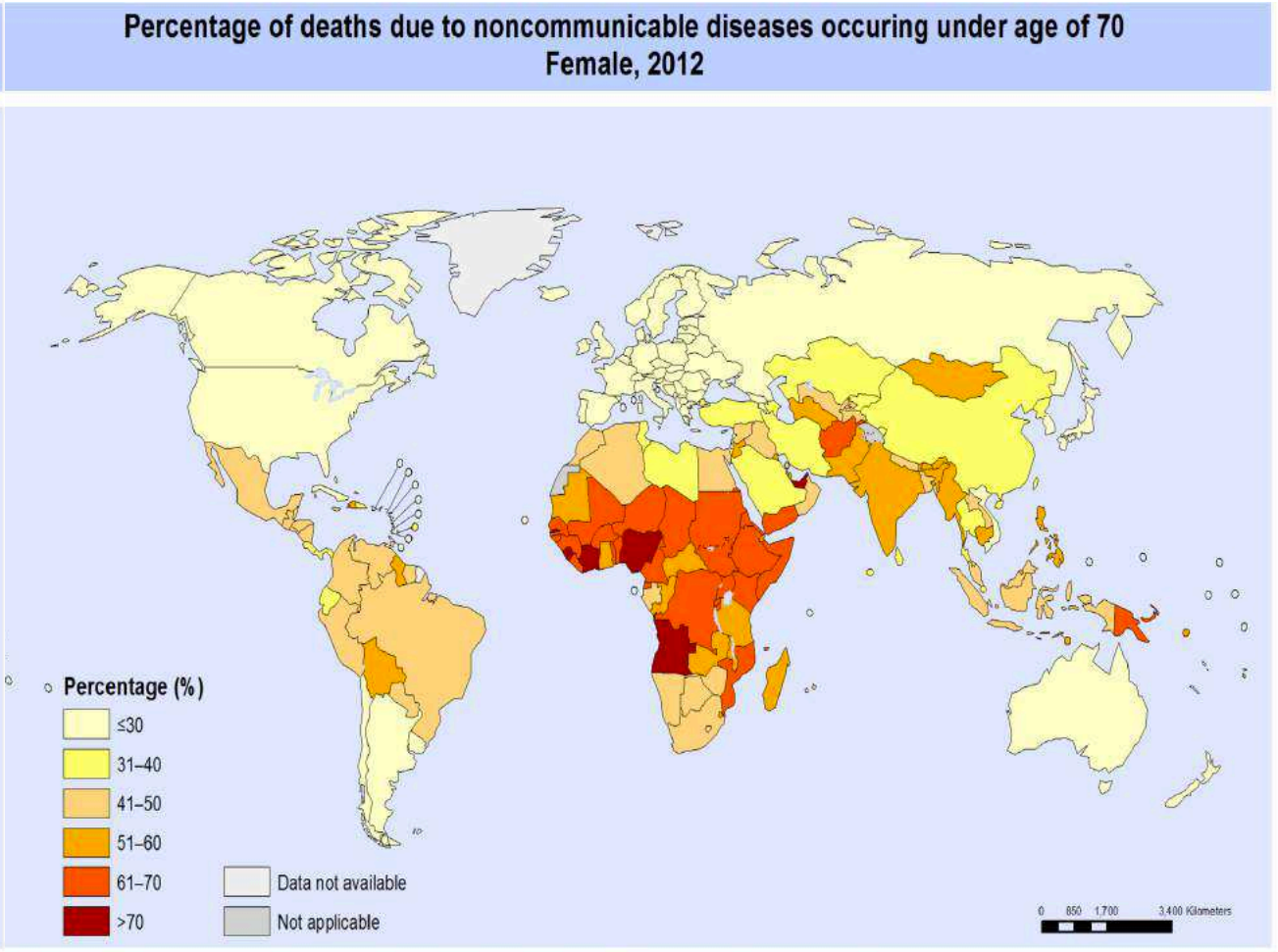
Data Source: World Health Organization
Map Production: Health Statistics and Information Systems (HSI)
World Health Organization

World Health Organization



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World Health Organization

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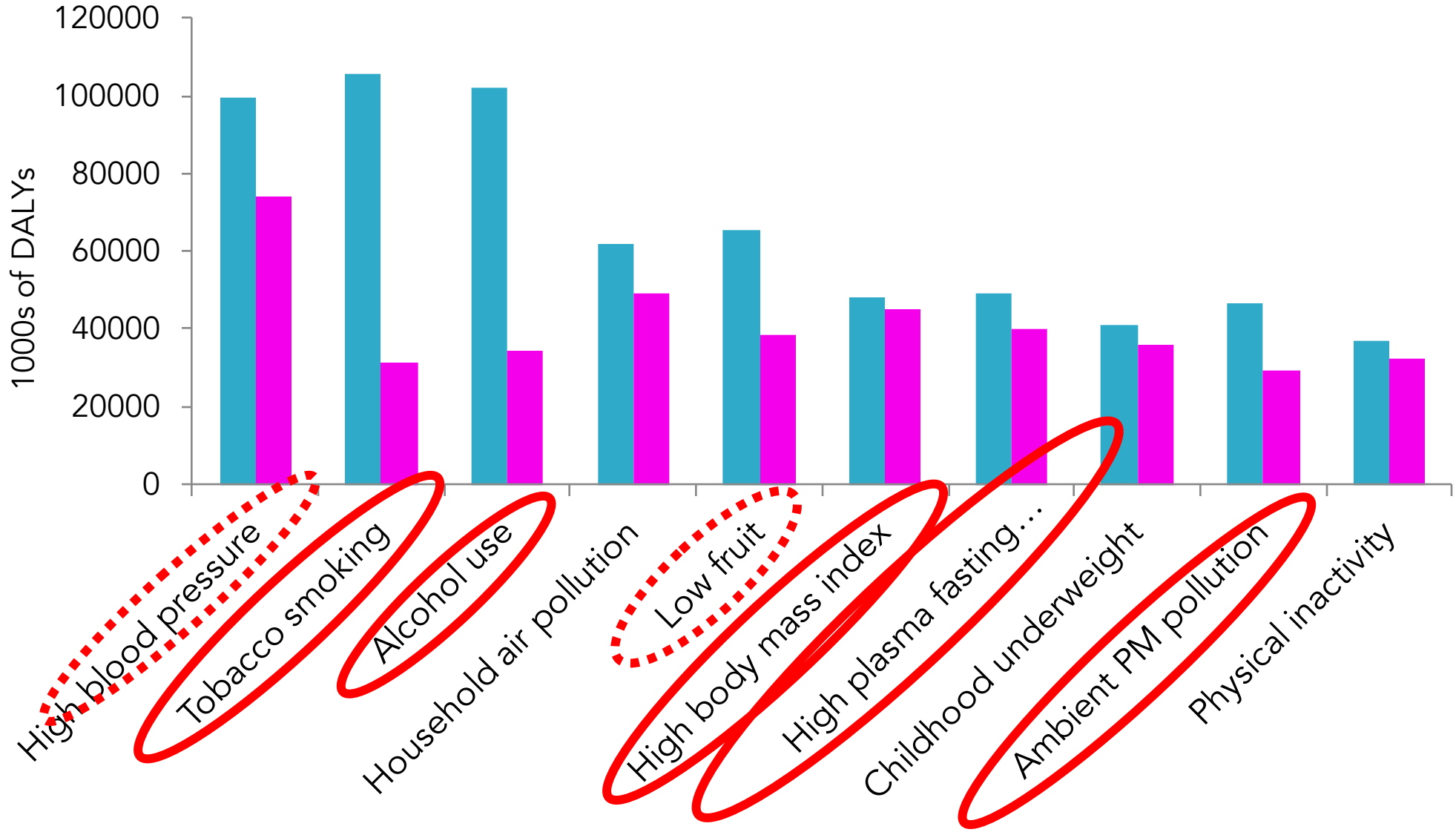
Top10 risk factors (Global, 2010)

Source: Lim et al, Lancet 2012



THE BIG KILLERS

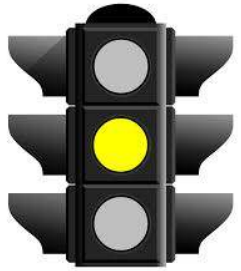

alcohol


air pollution


Sprite
Jelly Belly
ASSORTED FLAVOURS
SORTEN MISCHUNG
HINT OF LIME!
Skittles
PEANUT
Typhoon

diet

Shift 4: Promoting the Right to Health



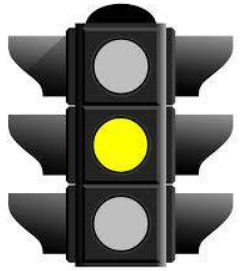
- **Universal Declaration of Human Rights:** Everyone has **the right to a standard of living adequate for the health and wellbeing**… incl. food, clothing, housing, medical care, social services
- **International Covenant on Economic, Social and Cultural Rights:** Right of everyone to **safe and healthy working conditions**; improvement of **environmental and industrial hygiene**

- Potential actions:
  - Reframing of rights
  - Expansion of mandate and resources for Special Rapporteur for RTH
  - Greater use of Human Rights Council

Realising the right to a healthy environment will have a substantial and sustained impact on population health and health equity

Commission on Social Determinants, Lancet, 2008

Shift 5:
Engagement and accountability



- Multistakeholder (and multidisciplinary/multisectoral) platform as governance structure
- Implement accountability mechanisms
  - National level mechanisms e.g. NAC
  - Global – e.g. iERG for Women and Children's Health
- Civil Society: political space, a seat and finances

Conclusion

- SDGs offer opportunity for a ‘paradigm shift’ - **“a series of peaceful interludes punctuated by intellectually violent revolutions” (*Kuhn, 1962*)**
- Achieving SDG3 means thinking outside the health system box
  - Health as inter-sectoral issue
  - Promotion of health capabilities & disease prevention alongside treatment
  - New governance platform for health – including governance of determinants
- Think more politically about getting to Health 2030

Questions for GIZ

1. Does GIZ focus on health MDGs or has it expanded to SDG3 targets? How does GIZ decide where to focus and what would it take to shift to broader SDG3?
2. Does GIZ support focus on metabolic, behavioral or environmental risk factors? What would it take to shift to a focus on the structural drivers?
3. Have you seen models of regulation and public/private interaction working to address the commercial drivers of health?
4. How might GIZ work to bring about any of these paradigm shifts?
5. What diplomatic/political role could GIZ play to advance more structural approaches to population health at country level – convener, support to pro-poor CSOs?
6. Is social protection in need of a paradigm shift to address inequality and democratize opportunity with its attendant health improvements?

thank you

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