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# Hooked on Health Care: Designing Strategies for Better Health

Tuesday, January 19, 2016

## The right to a “good life”

Patrick Wilson

How do we define health justice? How does an understanding of capabilities influence or approach health? What are the key measures of health equity globally and nationally? Also what policy initiatives are necessary to address inequity and the most significant social determinants of health? These were just some of the questions facing both the panel representing three continents and the room full of public health, civil society, and business leaders.

Discussions began with the overarching knowledge that the concept “health justice” in itself is huge, with many factors relating to it, including social justice.

The UK was used as an example because even while the country has Universal Health Care (UHC) through the National Health Service (NHS), disparities exist; despite having equal access to health this does not mean health equity. The social determinants of health are still applicable in a UHC system.

Wealth, especially in the context of health equity, is inadequate to solve issues of social justice, with one Fellow stating: “Social progress isn’t just about getting richer, it’s about improving the quality of life for everyone.” Work should be done to improve people’s capabilities to live a “good” and healthy life because everybody has a moral claim to live a “good life,” and measurement of such shouldn’t mean simple increased wealth.

Another Fellow highlighted that health requires global justice with an emphasis on how we can influence governments around the world to ensure a right to health for all citizens. One Fellow questioned having a narrow focus when it comes to improving health saying that, “Focusing on one disease only leads to fragmentation of health and a loss of concept of the global right to health and life.”



Caroline Chibawe, Juan Garay and Sridhar Venkatapuram

## Advocates, watchdogs and service providers - the many roles of civil society

**Civil society organizations come in many sizes, from small community groups to large-scale national service providers. They also fulfill many different roles – some all at the same time.**

Different types of interventions are needed for different sectors of society. For the general population, civil society groups can advocate upwards and provide information throughout. For groups of peers – be they people affected by the same condition or disease, affected families, or people living in the same community – civil society can help organize them for action and support. For the most vulnerable, isolated individuals, civil society provides services that the state either cannot or will not. For some of the most vulnerable in society – especially those who have felt underserved, abandoned or even betrayed by the state and public sector, civil society can provide valuable outreach and support.

In resource-constrained countries, such as Zambia, one Fellow explained, civil society organizations fulfill the vital role as watchdog – ensuring that the limited available funds are correctly and responsibly used. They also advocate

on behalf of communities for these resources to be allocated. Civil society groups in developing countries are also providing a critical and vital voice to ensure global agendas such as the MDGs and SDGs are being implemented by their government (the latter of which many developed nations seem to have forgotten apply to them also).

Civil society action is most successful when they engage with the local community. Ideas that are developed within the community are more likely to succeed than those imposed from outside. Community-led health initiatives also help improve local social cohesion and these relationships also have positive health impacts.

For all the roles it fills, civil society should not be a replacement for the state (“Something that has been forgotten in the UK” with the advent of “Big Society,” one Fellow lamented). Even the biggest civil society groups can still be financially vulnerable as the case of FEGs in the US and Kids Company in the UK can attest.

Despite best efforts, some of these initiatives will fail. As one Fellow reassured the group, working with underprivileged communities “is messy, uncertain but it’s absolutely vital.”

## The case for coalitions & political opportunities

How do we convince national government departments, regional agencies and local public authorities to turn the knowledge we have acquired into actionable policy that can actually have a positive impact on the public's health and wellbeing? That was the question facing the opening panel of the third day *Hooked on Health Care: Designing Systems for Better Health*.

Taking inspiration from action on climate change in the UK, the advice offered to the room was to seek the best political opportunity. Internal rivalries within the UK's then-ruling Labour party led to climate change moving up the agenda, especially when an ambitious young parliamentarian took up the cause. The leader of the then-opposition party also adopted a progressive stance on climate change as a way of attracting new voters. (Climate change is not a left/right partisan issue as it is in the US.) Public health advocates should look for similar champions to take up the mantle of health over health care, it was suggested.

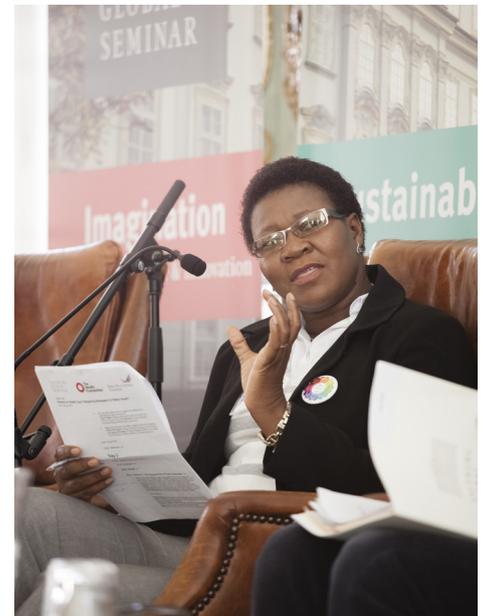
In absence of an obvious political opportunity, broad coalition building can prove useful. In Peru, over 200 organizations came together to promote the agenda of tobacco control. Local action is also important if there is an impasse at the national level.

What should be avoided however, is the building of parallel systems, especially when Western governments are investing aid to improve health in developing countries. This can lead to siloed approaches that disproportionately promote the treatment of one disease over another, rather than improving population health as a whole. A non-siloed approach would also be best for ensuring the implementation of the SDGs, but no country appears to have set up a single agency to tackle this yet.

To ensure a broad, non-siloed approach to public health, more government bodies besides the Ministry of Health need to be engaged, which again raises the issue of reframing the conversation. As one Fellow reminded the group: "To get health taken up by other departments, we need to work with those not used to our world, our debates."



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## William Chilufya: Can we start to think of good nutrition as a human right?

County coordinator for the **Zambian Civil Society Scaling Up Nutrition Alliance** on his broad view of health, addressing social justice and experiencing his first snowfall

Patrick Willson

**Tackling the differences between a focus on health rather than health care has been a major theme throughout the Salzburg Global program *Hooked on Health Care: Designing Systems for Better Health*. But what has this session brought to Fellows who work in areas that aim to improve health?**

William Chilufya serves as the country coordinator of the **Zambian Civil Society Scaling Up Nutrition Alliance (CSO-SUN)** in Lusaka.

“We are an advocacy team that is trying to put nutrition on the agenda for Zambia’s development,” he told Salzburg Global.

“We’re looking at health as a whole and in particular trying to look at how to prevent people from needing to go to the hospital. How do we ensure there are fewer sick people in Zambia? We’re also motivated by how our health systems are more curative and focus on health care whilst little work has been done on the determinants of health.”

Chilufya believes that good nutrition is a natural medicine that can be an important way of preventing illnesses and conditions that would require hospital care.

He also expressed the impact his attendance at Salzburg Global has had on him personally and what he hoped he could take back to Zambia.

“This session in Salzburg has been great, particularly the way it is trying to foster an understanding of the whole concept of health,” he said. “Many powerful names and figures with many expertise have attended and speaking to them has been really thought provoking.”

Chilufya found it particularly interesting to learn about the issue of health as a source of social justice. Questions were raised in the session about how do we now view health as global justice and how do we view health as a human rights issue?

“I think even in our organization we say ‘Let’s invest in nutrition’ but we really haven’t talked about whether nutrition is a human right – can we start viewing it from this perspective? Maybe that will improve our commitment and making sure we really address the problem.”

He also felt motivated by the overall message of the session.

“There’s been a lot of information around health and health services and encouraging us to change focus and say let’s not only get hooked on health

care but let’s also focus on health as a whole.”

A topic that personally resonated with William was the issue of social protection and preventing those in poverty from becoming ill.

“Many people in Zambia live below the poverty line, so what can we do to ensure that these people can have access to health? What can we do so that these people just don’t end up in the health care system and instead prevent them from getting sick in the first place?”

Chilufya reiterated his enjoyment in attending *Hooked on Health Care: Designing Strategies for Better Health* and expressed his hopes for the other Fellows.

“It’s really been a fantastic journey in terms of furthering the understanding of issues related to health.

I think I really enjoyed myself and I hope a lot of other colleagues have taken home the best feedback and information to promote change at home.”

Although it wasn’t just the program William enjoyed, he also had a great time in the snow.

“It’s my first time being in the snow and I’ve been really very excited. I’ve come to Europe several times but I’ve never really experienced snow. I will keep many memories of my time here.”



## Hot Topic: “How do we take our knowledge and research and turn it into action?”

Patrick Wilson

“The issue of research speaks to me. Zambia is one country that has really good researchers but it ends just there. It is very important that all that the research we come up with is put to good use. We need to have conversations with those in power. We need to present to them a clear plan of what we want or what we would like a situation to be.”

**William Chilufya, Zambia**

“I think what I’ve learned is to take big ideas from other countries, seeing what works and thinking how to make it my own. I think it is critical for all of us to apply what we learn to the work we do in our communities in order to define what it means for us to take an idea or concept and make it actionable in our own communities. The connections we’ve made here are critical because if we stay in touch we’ll also hold each other accountable to moving the line and we can use each other if we get stuck.”

**Jennifer DeCubellis, USA**

“There are some areas where actually just having good research may be enough to change policy, but there are other times when you need to be able to combine the good research with a political policy opportunity to actually make change happen. Then when you have the research you need to be ready to spot those windows of opportunity when they open up.”

**Jill Rutter, UK**

“I think a great way of getting the ideas we’re discussing here to be implemented would be to work at action plans so that non-health ministries start to add health indicators and monitor those health indicators. It doesn’t take much, having just a few would be sufficient. They then could reciprocate and have the ministries help other sectors to add these indicators to make sure that it is an exchange and not a competition.”

**Frederico Guanais, Brazil**

## Agree? Disagree?

**Do you have your own opinion to share?**

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