Health Policy in the 21st century

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The Turning point

We are at a turning point in health policy: the nature of 21st century health calls for a radical change of mindset and a reorganization of how we govern health in the 21st century.

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The political context

Looking back: two health governance revolutions

CONCEPT:	INSTITUTION:
○ HEALTH PROTECTION	○ Public Health System 19th century
○ ACCESS TO TREATMENT	○ Health Care System Bismarck Beveridge Nordic
○ *The promotion of health in everyday life of a consumer society*	○ *Health in all Policies*

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Governments act under specific conditions

The political response by governments to public health challenges has always been subject to mixed motivations (intrinsic and instrumental)

they include economic utility, demographic concerns, political ideology, a fear of contagion, humanitarian commitment, medical discovery, a dedication to social reform and social justice………………

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The big picture: political determinants

George Rosen (1910-1977) defined

- *the medical and technical development* and
- *the social, political and economic factors*

as the two major strands of public health

- 19th and early 20th century -focus of public health was mainly national, social and political
- *20th century it moved to being national, medical and technical, and then to being global and technical.*
- In the 21st century it is increasingly global, social and political – enabled by technology in new ways

Health is on the political agenda

○ Health has moved up in the political agenda in developed welfare states and in development policies precisely because of its **relevance both to the economy and to the social rights and expectations of citizens** and because of the **high interface between health and social problems.** This means that it is of high interest to many different stake holders in society, albeit for different reasons.

Looking forward: Health governance challenges   ISSUES

1. ageing of societies without health gains

2: wellbeing of children the generation of children born at the turn of the 21st century could be the first to have a lower health and life expectancy than their parents.

3: health systems organisation and financing is not sustainable without major reorientation

4. On going threat of global infectious disease pandemic

5. Mounting global chronic disease and mental health challenge

6. increasing health inequalities

Impact beyond health system

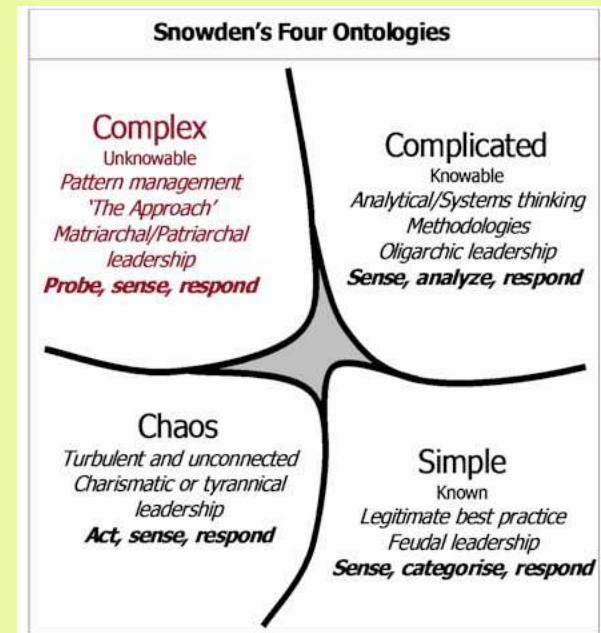# Looking forward: Health governance challenges STRUCTURES

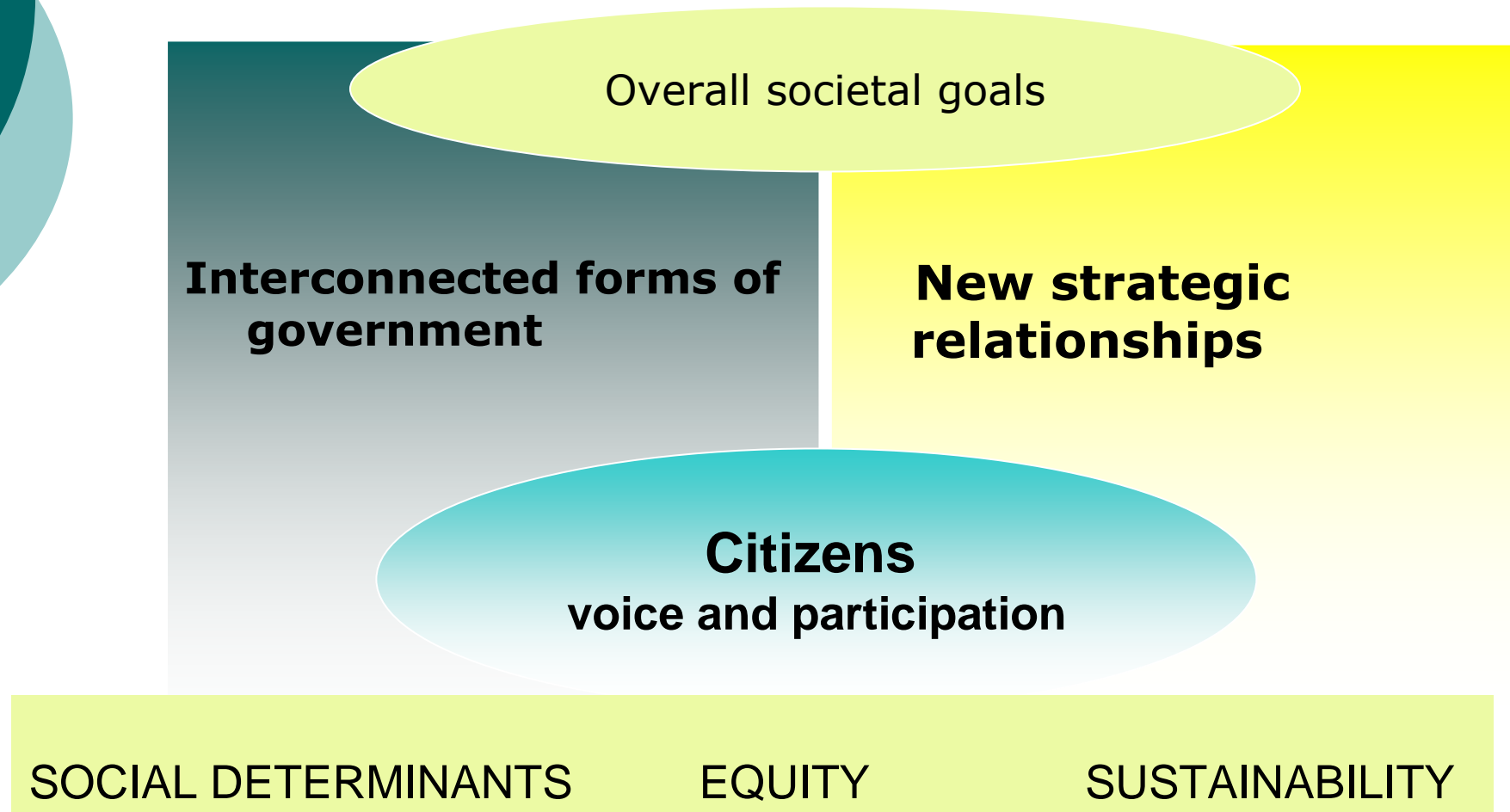- Multilevel governance challenge

- Determinants challenge

- Economic challenge

- Citizens expectations

- Internal systems challenges

Snowden's Four Ontologies

Complex
Unknowable
Pattern management
'The Approach'
Matriarchal/Patriarchal leadership
Probe, sense, respond

Complicated
Knowable
Analytical/Systems thinking
Methodologies
Oligarchic leadership
Sense, analyze, respond

Chaos
Turbulent and unconnected
Charismatic or tyrannical leadership
Act, sense, respond

Simple
Known
Legitimate best practice
Feudal leadership
Sense, categorise, respond

The 21st century health policy approach

Overall societal goals

Interconnected forms of government

New strategic relationships

Citizens
voice and participation

SOCIAL DETERMINANTS   EQUITY   SUSTAINABILITY

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21st century : need for innovation

- We need new social institutions and processes that fit the 21st century

- Social innovations will become as important – if not more important – than new technologies

- We must create incentives and rewards for people who shape the structures of the 21st century Alvin Toffler 2009

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The governance response

In response: policy innovation

○ Governments aim to increase performance and core executive capacity: they gradually add new administrative forms of governance - for example by forging new strategic relationships – partnerships within government and with non-state actors

○ This usually means increasing the emphasis on central government capacity, coordination and joined up government

Whole of government

denotes public service agencies **working across portfolio boundaries to achieve a shared goal and an integrated government response** to particular issues. Approaches can be formal and informal. They can focus on policy development, program management and service delivery. Joined up government is generally focused on improving outcomes. *Australian Public Service in 2004*

South Australia's Strategic Plan Objectives

1. Growing Prosperity
2. Improving Wellbeing
3. Attaining Sustainability
4. Fostering Creativity & Innovation
5. Building Communities
6. Expanding Opportunity

Secure a good quality of life for South Australians of all ages and backgrounds

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Need for incentives

But in most governments the incentives continue to be aligned with outputs for individual departments rather than for outputs shared across agencies and departments. This reduces the effectiveness of the public sector in general an in areas such as health.

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Policy innovation for health
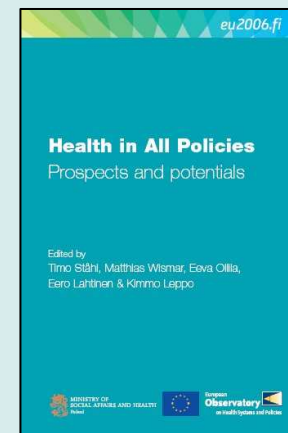
Third wave of horizontal health governance

- It introduces better health (improved population health outcomes) as a key dimension of wellbeing and defines the closing of the health gap as a shared goal across all parts of government.

- It addresses complex health challenges through an integrated and dynamic policy response across portfolio boundaries. Health is no longer in the centre but, by incorporating a concern with health impacts into the policy development process of all sectors and agencies, it raises the importance of health issues.

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Dimensions of health in all policies

○ Health as a wicked problem

○ Health impacts as a challenge

○ Health as a societal goal – the contribution of other sectors to this goal – adoption of a health lens

○ Health as a contribution to other societal goals – equity, economic development, environmental challenges

Interdependence of societal goals
requires joint action
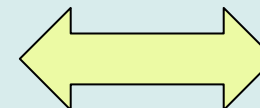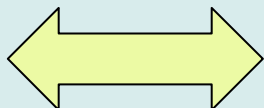
Wicked problems

○ The solution depends on how the problem is <u>framed</u> and vice-versa (i.e. the problem definition depends on the solution)

○ This term is applied to problems that are difficult or impossible to solve because of **incomplete, contradictory and changing requirements**.

○ Moreover, because of complex interdependencies, the effort to solve one aspect of a wicked problem may reveal or create other problems

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Social Messes
Representing Wicked, Ill-Structured Problems

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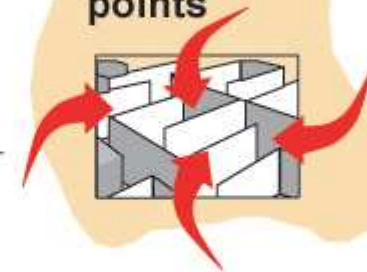
Social Messes-2
Representing Wicked, Ill-Structured Problems
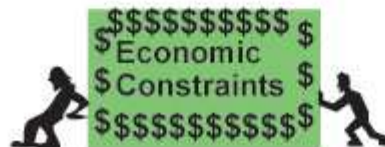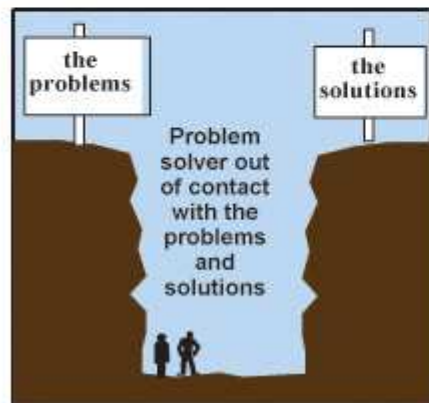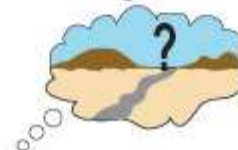
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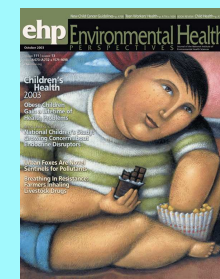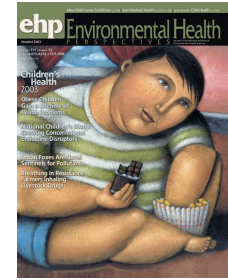
Framing the problem

- Public health challenges as
- Diseases
- Economic factors and markets
- Determinants
- Complex policy „packages"
- Governance challenges

- *Access and entitlements*

- *Equity and social justice*

- *wellbeing*


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OBESITY: a wicked problem

- is a **complex system of determinants** and involves a plethora of actors who fulfil many different functions in society.
- Risk patterns are local (e.g. the absence of playgrounds or lack of bicycle lanes) as well as national (e.g. the lack of food labelling requirements) and global. (Foresight Report)
- **Both the problem *and* the solution are systemic.**
- Obesity will be a test case for 21st century health policy because such systemic challenges can only be resolved through great political commitment at all levels of government and in many sectors of society

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Food: a wicked problem
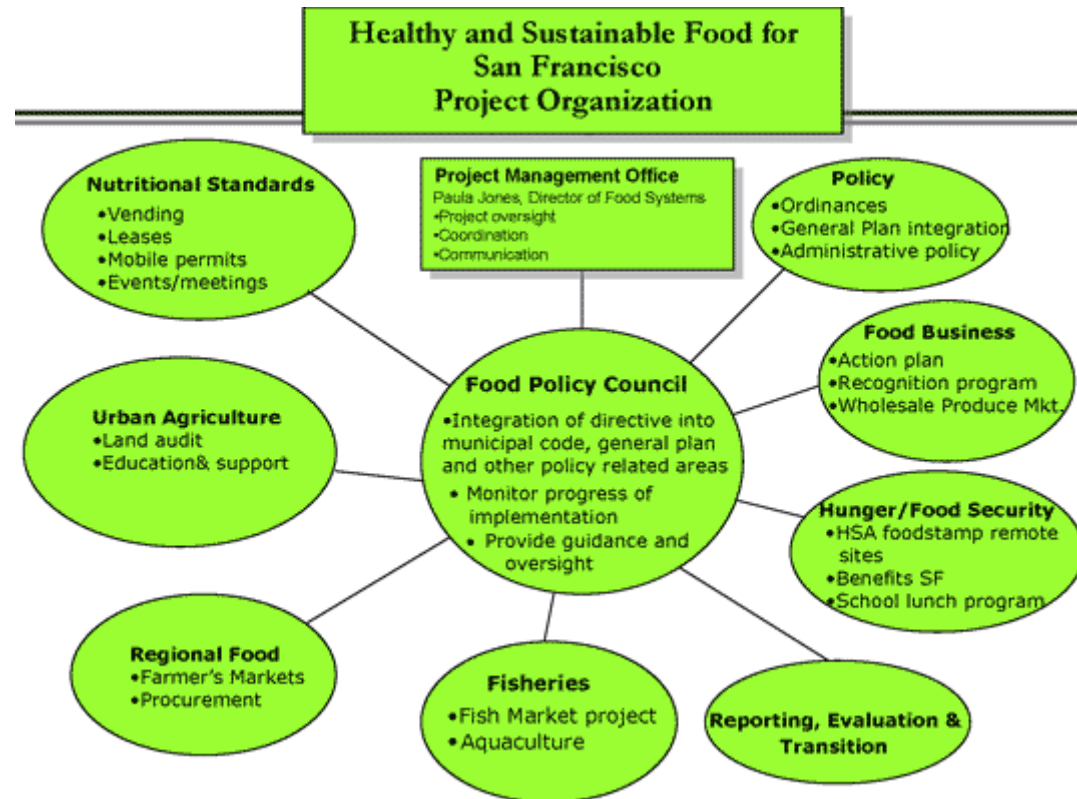
SOME POSSIBLE POLICY RESPONSES

LANG ET AL. (2009). FOOD POLICY- INTEGRATING HEALTH, ENVIRONMENT & SOCIETY

Policy sector	Goal to ensure nutrition include	Means available	Examples
Agriculture	Land-use policy	Grants. Agricultural policy framework	Animal and plant breeding
Processing	Food supply	Contracts and specifications	Product reformulation. Change fat content in meat regulations
Retail	Improving access to health-enhancing foods	Retail and town planning	Food pricing. Location of stores through town planning
Culture	Change thinking about food to reshape demand	Health education. Marketing. Social marketing	Public education on obesity. Controls on marketing at children.
Society	Equitable access and re-balancing circumstances	Welfare system	School meals
Economy	Macro-economic framework and fiscal measures	Price signals. Taxation. Regulation and bans	Taxing soft drinks. Banning TV advertising

Health impacts perspective
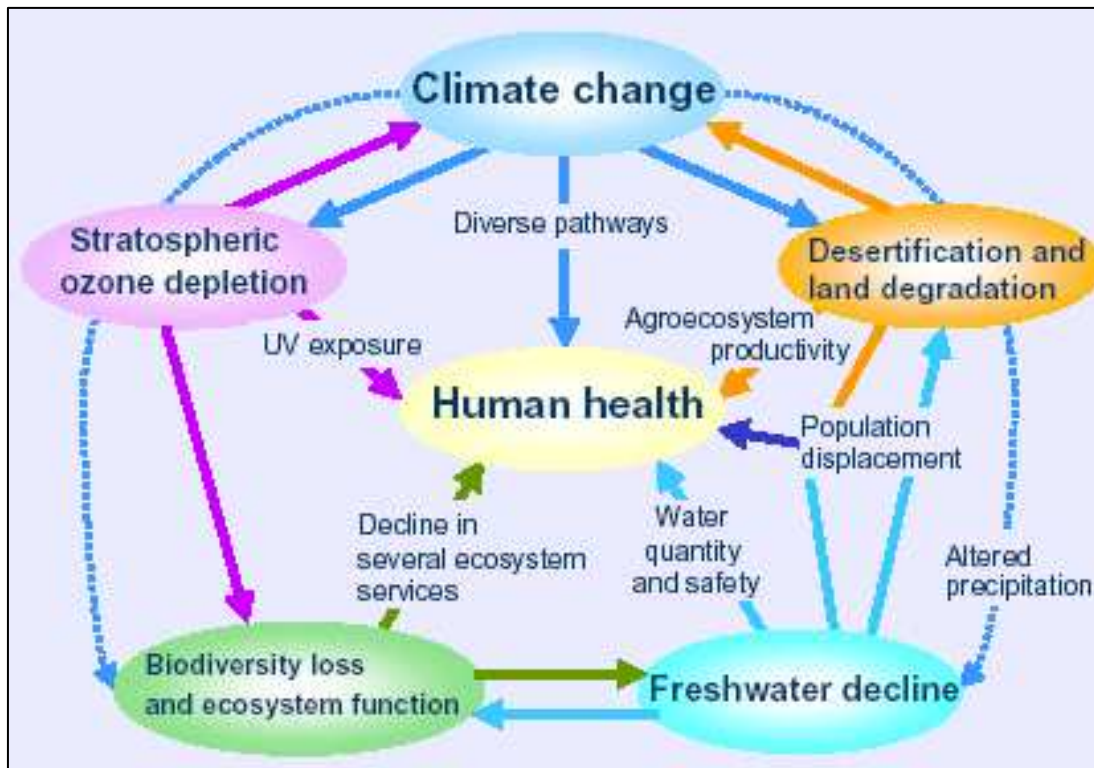
Impact of other sectors on health

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Impact of health on other sectors

- H5N1 strain of Highly Pathogenic Avian Influenza (HPAI) is now endemic in parts of South-east Asia, where Cambodia, Indonesia, Laos, Thailand and Indonesia are the worst-affected countries. The continuing outbreaks that began in late 2003 and early 2004 have been disastrous for the poultry industry in the region; by mid-2005, more than 140 million birds had died or been destroyed and losses to the poultry industry are estimated to be in excess of US$10 billion

Health and wellbeing as a societal goal

Influence the determinants and the distribution of health – create supportive environment for health – support to health goals

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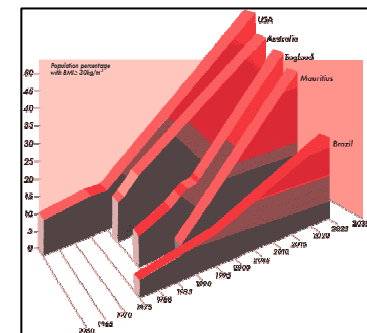
Other sectors adopt a health lens: Oslo Ministerial Declaration on global health:

- We have therefore agreed to make **impact on health** a point of departure and a defining lens that each of our countries will use to examine key elements of foreign policy and development strategies, and to engage in a dialogue on **how to deal with policy options** from this perspective.

Health as a contribution to other societal goals

The balance appears to be shifting from 'intersectoral action for health to intersectoral action for shared societal goals'.

This report contends that 'equity, *with health as one important indicator*, offers an entry point that may hold promise in many political contexts.

"Crossing sectors' by the Public Health Agency of Canada 2007

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Health as a contribution to other social (sectoral) goals: climate change agenda

- A recent study (SDC, 2009) highlighted the changes most likely to have the most significant and immediate impact on making diets more sustainable, in which health, environmental, economic and social impacts were more likely to complement each other. These were:

- reducing consumption of meat and dairy products, reducing consumption of food and drink of low nutritional value (i.e. fatty and sugary foods) and reducing food waste. All imply significant societal, environmental and economic challenges and significant conflicts, particularly with producers.

How Meat Contributes to Global Warming

Industrial animal production consumes especially large amounts of energy, requiring 35 calories of fossil fuel to produce 1 calorie of food energy—not counting the energy required for processing, packaging, cold storage, and transportation of meat

CO_2-equivalent emissions from producing half a pound of this food . . . are the same as emissions from driving . . .

Potatoes = 0.17 mile (0.13 pound of CO_2 equivalent)

Apples = 0.20 mile (0.15 pound of CO_2 equivalent)

Asparagus = 0.27 mile (0.20 pound of CO_2 equivalent)

Chicken = 0.73 mile (0.55 pound of CO_2 equivalent)

Pork = 2.52 miles (1.90 pounds of CO_2 equivalent)

Beef = 9.81 miles (7.40 pounds of CO_2 equivalent)

Scientific American 2009

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How willing is the Health Sector?

- it is not well equipped (and often not willing) to deal with many of the contemporary public health challenges

- is a particularly vertical configuration with a concentration of specialist medical knowledge and very well organised professional special interests.

- **It must "re"configure or reboot to support an understanding of public health as a dynamic network, which constantly creates nodes and synergies for health.**

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Innovation

- Process:
- There is no blueprint - no golden bullet

- Timing is critical

- Outcome:
- Highly uncertain - Unpredictable

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