



Global Health Council

The Collective Voice of the Global Health Community

THE 2018 GLOBAL HEALTH LANDSCAPE SYMPOSIUM

REVITALIZING

THE GLOBAL HEALTH ADVOCACY AGENDA

NOVEMBER 30, 2018 | WASHINGTON, DC

#GHLS18

On **November 30, 2018**, global health stakeholders from across sectors came together at the annual [Global Health Landscape Symposium](#) convened by the Global Health Council. Expert speakers communicated diverse viewpoints and stimulated dialogue, while attendees raised thought-provoking questions and contributed to the conversations with the breadth and depth of their experiences. The majority of participants (86%) came from the ranks of mid-level career experience or higher. About one-third of participant organizations were identified as non-governmental organization (NGO) implementers, with the remaining organizations evenly distributed across the following sectors: contractor or consulting firm, association or coalition, academic institution or think tank, and private corporation or foundation.

World Health Organization (WHO) Director-General Dr. **Tedros Adhanom Ghebreyesus** sent a special video message expressing his gratitude for U.S. leadership in global health and commending the community's work to improve health for all through universal health coverage (UHC), a focal point for the Symposium. The first plenary panel discussion and breakout sessions provided space for speakers and participants to engage on UHC, primary health care (PHC) as an avenue for achieving UHC, and ongoing national and global policy dialogues that will culminate in the United Nations High-level Meeting on UHC in September 2019. The other focal point for the meeting was how to transform global health advocacy efforts through the use of new messages and messengers. Plenary presentations on these topics were followed by breakout sessions that fostered the discussion of challenges and the development of recommendations for policymakers and the global health community.

Participant dialogue was further informed by three additional plenary presentations that framed the day's sessions. Speakers in the opening plenary set the stage by examining the current landscape in global health leadership, politics, and global health financing. Meeting attendees were fortunate to be joined by global health leaders from the Administration in a lunchtime roundtable conversation: Dr. **Peter Schmeissner** (U.S. Department of Health and Human Services (HHS)), Dr. **Rebecca Martin** (U.S. Centers for Disease Control and Prevention (CDC)), and Dr. **Alma Golden** (U.S. Agency for International Development (USAID)). Representative **Ami Bera** (D-CA-07), a physician and strong advocate for global health priorities, gave a special keynote talk on his vision for the future of global health and how to connect with members of Congress. Finally, an enlightening panel of leading health journalists closed the day by providing insight on amplifying global health messaging to a broader audience.

To kick off the meeting, **Raj Kumar**, President and Editor-in-Chief of Devex, invited attendees to share their concerns about the current state of global health. A range of concerns bubbled up, including:



Participants gather in the main plenary room at the start of the Symposium.



GHC President and Executive Director Loyce Pace addresses Symposium participants.

- How can advocates and funders grow more comfortable with working horizontally?
- How do we make progress in fragile and conflict-affected states, and how do we integrate development efforts with humanitarian efforts?
- How do we keep humans central to our work, including ensuring that health products are getting to the people who need them, and that unpaid health workers, many of whom are women, are compensated?
- How do we connect global health to domestic health care concerns as discussed in the U.S. midterm elections?
- How are we going to pay for everything?
- How do we engage more effectively with those outside the health sector, whose work impacts global health?

Several themes emerged across the day's discussions, including capacity-building in multiple arenas, the importance of country context and local priorities, global to local framing of health initiatives, and intentional engagement with local communities at every stage including priority-setting, planning, implementation, evaluation, and advocacy. The following recommendations surfaced for policymakers and the global health community:

1. Advocates should build a broad base of support with policymakers in each country by developing a simple, clear, narrative that explains the concepts and benefits of UHC.
2. U.S. government agencies, other national policymakers, and global health stakeholders should work together and with international organizations to translate global UHC policy declarations into concrete, specific, focused, costed, and implementable national plans.
3. U.S.-based UHC supporters should embrace this challenging moment by communicating with policymakers at home and re-framing questions of credibility on the global stage.
4. Local communities should be engaged meaningfully at every stage of UHC engagement, including policy development, program design and implementation, and advocacy.
5. Advocacy messaging should be flexible and depend on the target audience, but in the current global political environment, messaging for policymakers should focus on why it is in each country's self-interest to invest in global health.
6. New advocates from underrepresented communities should be supported to communicate their stories and insights authentically to policymakers, health leaders, and community members.



Raj Kumar, President and Editor-in-Chief of Devex, takes the pulse of the audience in the first morning session.



Priya Fremerman, Executive Director of GlobeMed, captures major takeaways from her co-led breakout session on Transforming Advocacy through Mobilizing.

Towards the Achievement of Universal Health Coverage

- 1. Advocates should build a broad base of support with policymakers in each country by developing a simple, clear, narrative that explains the concepts and benefits of UHC.**

Many policymakers do not have a clear understanding of UHC and there is a need for global health stakeholders to develop and communicate a simple narrative about the concepts and benefits of UHC using language that resonates with their national and sub-national policymakers. Elisha Dunn-Georgiou, Vice President of Policy and Advocacy at PAI, provided a simple definition: “UHC refers to people and communities having access to quality health services without suffering financial hardship.”

While many UHC concepts and terms have been defined at the global level, the language needs to be tailored to the country context and specific policymaker audience. For example, in U.S. health care debates, access to health care usually refers to the availability of health services without regard to whether an individual can afford to pay. On the other hand, James Fitzgerald, Director, Health Systems and Services, Pan American Health Organization (PAHO) / WHO, noted that PAHO member states view access to health services as going beyond health coverage to the proactive elimination of economic and social barriers to equitable health care. There will need to be a balance between educating national policymakers on the common terms used in global dialogues and framing concepts in terms with which a given policymaker is comfortable.

In the U.S., a broad range of perspectives on UHC exists within the Executive and Legislative Branches of the federal government. Meeting participants noted that some U.S. policymakers believe that UHC represents socialism, some believe it can bring beneficial outcomes for global health and stability, and some even recognize universal access to health services as a human right. The strongest resistance to UHC comes from policymakers who have an ideological objection such as socialism, or who believe that the financial costs will be too high.

For policymakers who are concerned about cost, it will be crucial to develop and communicate narratives about cost savings and lives saved, similar to the types of arguments that have been crafted for vertical disease programs. Economic arguments can be extended to highlight the benefits for countries' economic productivity and development. Advocates can engage with health economists to help develop these investment cases. This type of argument also dovetails with current U.S. government strategic priorities such as USAID's journey to self-reliance. Strong and sustainable health systems that can deliver quality health services to the most vulnerable individuals are critical components of a country's ability to be self-reliant.



The opening panel assembles to address the current global health landscape.



Symposium participant asks question to morning plenary panel.

2. U.S. government agencies, other national policymakers, and global health stakeholders should work together and with international organizations to translate global UHC policy declarations into concrete, specific, focused, costed, and implementable national plans.

In recent years, global health leaders and stakeholders have been successful in raising awareness and prioritization of health issues to political leaders, resulting in several ministerial, United Nations, and other high-level global meetings on health issues. While these meetings are always accompanied by declarations and statements of political will, true political commitment only becomes evident when policy declarations are translated into national action plans and implemented. Several speakers at the Symposium agreed that the plethora of recent meetings are important, but will only be effective if political intentions are implemented at the national and regional level. Chris Gray, Senior Director Global Institutions, Corporate Responsibility at Pfizer, noted that for private sector companies, a national plan with tangible goals and outcomes is an effective entry point for engaging with countries on a health issue and determining how a company can contribute to solutions with industry expertise.

However, meeting participants cautioned that translating between global policy declarations and country-level implementation is not a trivial challenge. Even when political leaders support UHC in principle, UHC goals are often presented as too vague to be implemented by national and sub-national leaders. In other comparable global health initiatives such as antimicrobial resistance and global health security, multilateral partnerships such as WHO, the World Bank, and the Global Health Security Agenda have provided model plans and technical assistance to aid countries in developing their own national plans. Breakout session participants emphasized that country success stories in UHC and PHC are needed as models for other countries. Another recommendation was to utilize existing regional bodies as arenas for closely linked countries to share best practices and partner on mutual goals. Finally, Ms. Dunn-Georgiou and other speakers highlighted ongoing data initiatives for developing appropriate indicators and determining how to measure these indicators. Breakout discussions surfaced a recommendation for policymakers and donors to invest in capacity-building to support the reliable measurement of indicators.

3. U.S.-based UHC supporters should embrace this challenging moment by communicating with policymakers at home and re-framing questions of credibility on the global stage.

UHC supporters based in the U.S. face challenges in advocacy both at home and globally, but dialogue at the Symposium surfaced several paths forward. Advocates will need to employ different strategies for U.S. policymakers in the Executive and Legislative branches. On the global stage, UHC advocates can re-frame questions of credibility by bonding with colleagues over shared challenges.



Panelists Roopa Dhatt, Co-founder of Women in Global Health and James Fitzgerald, Director of Health Systems and Services at WHO/PAHO, talk about The Next Big Thing: Achieving Universal Health Coverage and Primary Health Care for All.



Ariana Childs-Graham, Director of Primary Health Care Initiative at PAI, co-leads breakout session on Universal Health Coverage in a Multilateral Context.

There is a pressing need for advocacy with Executive Branch officials who will lead U.S. government engagement on the UN High-level Meeting on UHC in 2019. Advocates should focus on working with the Office of Global Affairs at HHS, the State Department, and USAID. Meeting participants noted that some Administration officials are not familiar with or open to some of the UHC terms used in global settings. Several participants expressed concern that the U.S. inserted a footnote in the Astana Declaration from the Global Conference on Primary Health Care noting that abortion should not be promoted as a method of family planning. While this is an accepted U.S. policy position and the citation was from a prior Report of the International Conference on Population and Development, many stakeholders felt that the insertion of such a footnote distracted from the focus of the Astana Declaration. Symposium participants recommended that U.S. advocates should prepare messaging for issue areas where the U.S. government may present obstacles to global consensus, such as family planning / reproductive health, and intellectual property for pharmaceutical products.

There was robust dialogue around the opportunity to inform and educate incoming members of the new U.S. Congress, and the potential opportunity to develop new champions for global health. Many new members are relatively young and socially progressive, and may be persuaded by messages of social justice and health for all. However, it was also noted that most new members were elected because of domestic priorities, and it will be important to connect global health priorities to those of the member's constituent base. Advocates from the member's home base should be directly involved in briefing when possible. Rep. Bera conveyed the importance of congressional delegations to see global health programs in action, and expressed his own interest in seeing the committee process return to a forum for informing members of Congress through expert testimony, rather than primarily as a forum for members to express their positions.

Advocates are giving special consideration to the role of U.S.-funded vertical health programs in UHC initiatives. Several participants noted that U.S. policymakers and advocates have a great deal invested in vertical programs, and advocates who are focused on disease-specific programs may be uncertain about whether and how to advocate for cross-cutting issues such as regulatory barriers and strategic pooling for commodities. Dr. Fitzgerald of PAHO reconciled some of the potential tensions by recommending that stakeholders focus on the individuals who are seeking health services, and work to ensure that priority disease programs can use quality local health systems to reach the people in need. However, Dr. Jennifer Kates, Vice President and Director of Global Health & HIV Policy at Kaiser Family Foundation, pointed out that there are inherent contradictions between on the one hand, encouraging better integration of disease programs at country and local level, and on the other hand, donors' quest for attribution to show the effectiveness of their specific dollars. There are no easy ways to resolve all of the tensions between disease-focused programs and UHC, but one path



U.S. Representative Ami Bera, MD (D-CA-07) gives keynote remarks.



Lunchtime fireside chat with members of the U.S. Executive Branch. From left to right: Loyce Pace, President and Executive Director at Global Health Council; Alma Golden, MD, Senior Deputy Assistant Administrator of the Bureau of Global Health at USAID; Rebecca Martin, MD, Director of the Center for Global Health at CDC; and Colin McIlff, Deputy Director of the Office of Global Affairs at HHS.

forward is for those working on UHC data initiatives to engage with advocates and funders on developing new ways of assessing funding effectiveness.

U.S.-based UHC advocates sometimes face questions of credibility on the global stage due to ongoing debates in the U.S. about access to health care for Americans. Participants debated what roles U.S.-based organizations can play in global UHC discussions and recommended that Americans embrace the unique opportunity to empathize and partner with international colleagues on UHC challenges that are shared by rich and poor countries. Those working in global UHC efforts should also find ways to work with non-traditional partners, including in health financing and outside the health sector.

4. Local communities should be engaged meaningfully at every stage of UHC engagement, including policy development, program design and implementation, and advocacy.

There was a clear consensus at the Symposium that policymakers and global health stakeholders must do more to engage local communities in the development of UHC policies and programs. Many of the policy processes occurring at the global and country level are not easily accessible to local communities and organizations. The UHC2030 Civil Society Engagement Mechanism is leading and coordinating engagement efforts, but it is incumbent on all who are working on UHC to prioritize local engagement. Participants emphasized that local communities be involved in the design phase, and not just the delivery and implementation phases of UHC initiatives. Some of the missing voices include health workers, patients and at-risk communities, young people, media representatives, and stakeholders from enabling environment such as supply chain, health technology, and regulators.

For funders, implementers, policy leads and other UHC stakeholders, it is vital to listen to the communities you are serving and actively involve them in the priority-setting processes leading to the UN HLM. Ms. Dunn-Georgiou related an example in which PAI offered a crash-course on UHC concepts and terminologies to a civil society coalition in Zambia. The civil society representatives were knowledgeable in their areas of health expertise but not necessarily up-to-date on current UHC buzzwords. A quick training on UHC concepts enabled them to meet with the Minister of Health and obtain a seat on Zambia's UHC governing board.

It was also clear that local communities are not meaningfully represented at high-level meetings. International organizations, national, and global policymakers are called upon to increase participation by local representatives in high-level meetings. Several Symposium participants alluded to meeting fatigue, which can be avoided by ensuring that new voices are continually brought in from local communities, instead of having leaders of the same global health organizations rehashing the same discussion at different meetings.



Participant shares his perspective with panelists.



GHLS18 participants mix and mingle at lunch.

Transforming Global Health Advocacy

5. Advocacy messaging should be flexible and depend on the target audience, but in the current global political environment, messaging for policymakers should focus on why it is in each country's self-interest to invest in global health.

With the persistent rise of nationalist political sentiments in the U.S. and other donor countries, global health advocates must continue to convince policymakers that it is in their country's best interests to invest in global health. Carolyn Reynolds, Vice President of Policy and Advocacy at PATH, observed that messaging around innovation, security, and self-reliance are currently resonating with U.S. and international policymakers. Narratives that center on a moral imperative to improve human health, address humanitarian needs, and aid in social justice are not primary but will likely still connect with a subset of policymakers, including faith-oriented or socially progressive representatives.

Global health security has been predominant in global health advocacy messaging in the last two years and was successful because it demonstrated how investing in other countries' health systems would also benefit the donor country. New narratives that highlight innovation, global to local pathways (also called reverse innovation), and self-reliance predicated on capacity-building can accomplish the same goals. For U.S. policymakers, American innovation can be viewed as a source of pride and leadership, and even consistent with an "America First" lens. Innovation often provides a return on investment to the economy funding the work, in addition to global health benefits. Because the term innovation can be applied to many fields, it will be important to define innovation and provide illustrative examples for policymakers. For innovations in health practice, advocates should provide evidence for improved outcomes and show how innovations are feasible and cost-effective.

Global to local, or reverse innovation, refers to the concept that advancements in health products, technologies, and approaches developed in resource-constrained countries can be used in settings in the United States. Dr. Rebecca Martin, Director Center for Global Health at CDC, portrayed the agency's unique role as an agency that combines domestic and global elements, enabling it to develop international partnerships that enable best practices in public health to be transferred in both directions. Lisa Cohen, Board Chair at Seattle-based Global to Local, talked about how the organization utilizes community health workers, community-based organizing, and digital health technologies in rural Washington. Global to local examples illustrate how global health investments can directly benefit American (or other donor country) communities.

The U.S. government supports using foreign assistance to help countries build self-reliance, as exemplified by USAID's current "Journey to Self-Reliance" strategy, described by Dr. Alma Golden, Senior Deputy Assistant



Chris Collins, President of Friends of the Global Fight Against AIDS, Tuberculosis and Malaria and Katri Tuulia Kemppainen-Bertram, Senior Partnerships Specialist at the World Bank, co-lead a breakout session on Transforming Advocacy through Messaging.



Rachel Wilson, Principal at Catalysts for Change, takes notes during her co-led breakout session on Transforming Advocacy through Mobilizing.

Administrator at USAID's Bureau of Global Health. There is an opportunity for advocates to emphasize how global health investments are building capacity in public health, technical, policy, advocacy, and other areas. Global health security investments following the Ebola epidemic in West Africa are already yielding examples of growth in international capacity to prevent, detect, and respond to epidemics. Available data show that countries are also investing in their health workforce and systems.

Several additional recommendations emerged for global health advocates to consider in the current challenging environment. Coordinating top-line messaging across advocacy groups will increase the impact of messages. Instead of painting a dire and bleak picture, positive messaging and examples of progress from past investments can stimulate the desire to contribute to a solution. At the same time, be prepared to make the case for complex settings such as fragile and conflict-affected states. Global health advocates should utilize the growing trove of program, behavioral, economic and other data in advocacy, and combine data with personal narratives. Consider using data visualizations that can be easily presented. Ensure that data is replicable and from a reputable source. Use different delivery methods (e.g., social media, online, digital) to reach new audiences such as younger policymakers and staff. It is also important to consider the use of language and terms, including using less jargon and using multicultural and multigenerational approaches. Some audiences may be more responsive to PR-like advocacy campaigns.

6. New advocates from underrepresented communities should be supported to communicate their stories and insights authentically to policymakers, health leaders, and community members.

There is a real need to identify and develop new champions from groups that are not always at the table, including youth, patients, and communities in low and middle-income countries (LMICs). Identifying new champions and allies in other countries can be a challenge, but Dr. Grace Virtue, Senior Advisor for Communications at ACTION, recommends partnering with local organizations who know the community. In many LMICs, media is not as fragmented as it is in the U.S., so it is easier to identify individuals who are active about a given issue on social media or on the radio. Multiple participants noted that in order to cultivate new, authentic voices, it is important to re-define the global health community's definition of what constitutes an expert and what experiences are valuable. Others noted that funders currently tend to use celebrities or "grasstops" representatives, those with name recognition in a given area. Global health organizations should intensify efforts to mobilize true grassroots advocates and impacted individuals and support their inclusion as stakeholders at all levels, including high-level meetings.

Individuals from different stakeholder groups bring a unique point of view to advocacy, and can be mobilized using different methods. Students and youth can be reached by going where they are, e.g. sports stadiums,



Symposium participant collects materials outside the main plenary room.



Symposium participants participate in a breakout room session.

and by integrating health messages across sectors. Successful student campaigns include use of social media, videos, and other digital media that can be shared. Patients are an important and powerful group who can share stories of disease impact and the real barriers faced in accessing care. However, participants cautioned that it is important to have informed consent procedures and to ensure that vulnerable patients are not being exploited. Patients and other community members can also provide insights in focus groups and other targeted settings.

Advocacy at the sub-national and community level is critical for reaching policymakers and other community members. Messaging from community members is often important for buy-in from other community members. Conversations should include representatives of different faiths, traditional leaders, and other community leaders, depending on the specific issue context. Organizations often use storytelling training to develop community advocates, including training on working with local media to disseminate messages. Breakout session participants recommended that parliamentarians meet with their community members to solicit feedback. Finally, the use of coalitions and coordinated campaigns across different stakeholders will amplify messaging impact.

Amplifying Our Agenda

A panel of health journalists provided a rare behind-the-scenes look at how newsrooms function and what types of global health stories are covered by their news outlets. Because the journalist's mission is news and not advocacy, global health stories will only be covered if they are newsworthy. This may mean a significant increase in people affected by an infection or disease, a significant change in public policy, an emerging pathogen, or something else that is novel and of interest to a broader audience. A story that uncovers corruption or otherwise holds governments and institutions accountable for health program spending and outcomes is also newsworthy. Journalists were also interested in examining trends over time, e.g., the impact of climate change or migration on health. The take-home message for global health advocates was that there is minimal interest at national news outlets for stories about incremental progress, about an annual "fill-in-the-blank" disease day, or other status quo story without news value. The panel discussion left a challenge for advocates in thinking about whether and how our current priorities, including UHC, could be pitched to a broader audience.

Conclusion

Global health leaders and stakeholders came together at the 2018 Landscape Symposium to review the past year and strategize for the year ahead. Meeting participants developed recommendations for policymakers and a call to action for the global health community to work with colleagues and with policymakers in new and improved ways to advance the agenda on UHC and other global health priorities.



Afternoon panelists tackle pitching global health news to the media.



A Symposium participant pledges to take action at the evening networking reception.

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**Global Health Council would like to thank members of our
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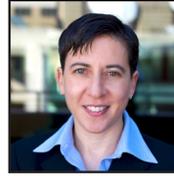
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