Global Health Council
The Collective Voice of the Global Health Community

2019 Global Health Landscape Symposium

FINAL REPORT

BY THE NUMBERS

Participants - 122
Speakers - 12
Facilitators - 12
Staff & Volunteers - 14
160 attendees from
96 organizations

SUMMARY

The 2019 Global Health Landscape Symposium, held on December 6th, explored a number of themes and considerations that got to the heart of what it means – for all actors – to **#DemocratizeGlobalHealth.**

As the hashtag trended all morning on Twitter, there was a lively conversation and an increased sense of urgency from the over 150 attendees to change the status quo and to commit to different models driven from the ground up. Participants came together to hear and learn from a cadre of high-level speakers and thought leaders - as well as their peers - on how national health programs can be driven by country strategies, local leadership, and domestic resources rather than external donors or partners. Specifically, participants engaged in a dialogue about the challenges that currently stand in the way of passing the baton from international and bilateral agencies to stakeholders on the frontlines. The conversation led to a focus on actionable ideas and aspirations for the future. Specific topics for future activities included policy proposals to support program transitions, tackling structural challenges to country ownership, and building the communications narrative with local partners.

SETTING THE SCENE

Loyce Pace, President & Executive Director of the Global Health Council, opened the event by thanking participants in advance for their trust to tackle tensions and sticking points. As a community, she said, "we must introduce and explore new models and narratives for global health, as well as identify new ways to stretch the boundaries that currently confine us." In fact, global health partners can teach each other about different approaches to tackle the same issues. Loyce set the stage that the Symposium's agenda will focus on redefining global health success in order to inspire a new generation of dreamers and doers.

OPENING KEYNOTE

Keya Chatterjee, Executive Director of the US Climate Action Network, was not a usual suspect to open a health symposium. She focused her talk on how the global health community can learn from the climate change movement, which she said is an issue that changes people's lives and careers. Keya told participants to address issues like the global health crisis and social justice, "we must understand the root causes." She went further to explain, "a lot of the problems we have today are because of colonialism. Because people from one part of the world took wealth from another part of the world. People from the ground up are the ones who can create change. Shifting the passive supporter of the opponent to the activists' side is how we will win our arguments." Keya made the case that health is part of a broader integrated system, and the climate and global health communities can't just work on policies and implementation. She concluded that what is needed **is a movement of the people, by the people, and for the people.**

AUDIENCE INPUT

Following the powerful opening keynote, **Lori Adelman, Vice President, Influence and Engagement at the Global Fund for Women**, led a community dialogue on how to really #DemocratizeGlobalHealth. This was an opportunity to hear from the audience at the onset of the event about what has been effective as well as key barriers to strengthening country ownership and to ultimately achieve health for all people. What was shared at the Symposium is that country ownership means more than passing the buck or putting national governments in the driver's seat. Positive country examples of country ownership included: Ethiopia's army of volunteers to improve its health system, Kenya's political support of Universal Health Coverage, and South Africa's campaign to expand access to HIV treatment. Barriers cited were: the way USAID organizes funding, organization and communication with local networks, local government accountability, capacity, and gender and power dynamics. **Partners and speakers expressed that local ownership and civil society engagement is still largely missing and quite uneven across the sector.**

PANEL ONE: FRONTLINE PERSPECTIVES ON LOCAL OWNERSHIP

Lori Adelman followed the audience dialogue by moderating a panel on lived and shared experiences on the frontlines of implementation. **Victor Chelule, Senior Manager of Software Engineering at Living Goods,** spoke about supporting governments by setting up frameworks for sustainable digital solutions. He said, "program implementers must align with the government's priorities and incorporate local personnel in the solution and delivery process." **Javier Guzman, Technical Director of the Medicines, Technologies, and Pharmaceutical Services Program at Management Sciences for Health**, discussed the need to build a health system that supports and improves the capacity of countries. Further, he said, "there must be clear indicators that are communicated to local people as well as donors." **Jamila Headley, Managing Director of the Health Global Access Project**, concluded that a major shift in resource allocation only happens when civil society is seated at the table. She pointed out that "people who have been most significantly affected haven't shaped the global solutions delivered to them." **Lindsay Coates, Managing Director of the Ultra-poor Graduation Initiative at BRAC,** encouraged participants to identify opportunities for success by looking at the local context. Lindsay was grateful that the Symposium offered a platform to share the stories of the people impacted by programs and highlight the partners that combine efforts to end poverty for all. She offered that implementation must reflect the needs of the community. The panel then agreed that in order to achieve country ownership, the local community must be consulted before any useful solution can be offered. **The takeaway was clear: partners should measure, coordinate, and collaborate together to strengthen local capacity to meet the needs on the ground. In order to achieve country ownership, one must keep space open to be engaged by civil society and local communities. Before any useful solution can be offered, the local community must be consulted.**

PANEL TWO: PASSING THE BATON: RHETORIC VERSUS REALITY

After hearing about what works or doesn't work and even some ideas of how to do better, the next discussion focused on how to learn from past policies and to commit to different models driven from the ground up. This conversation was moderated by **Kate Dodson, Vice President for Global Health Strategy at the United Nations Foundation. Kelly Saldana, Director of the Office of Health Systems at the U.S. Agency for International Development (USAID),** spoke about the need to bring new actors to the table, especially around domestic resource allocation across sectors. “We must cooperate to build the country’s capacity and the embodiment of self-reliance.” The conversations around country plans focus on longer term needs and goals, and exploring what a shift in the donor relationship could look like to deliver aid differently. **Mark Clack, an Independent Consultant on Community Economic Development and Political Strategy,** told participants to study the relationship between those in power with those being governed. He challenged, “in order to empower country ownership, listen to the locals and think about the connection between social development and economic growth.” He concluded that economic growth should translate to an improved health system and mechanisms are needed in foreign aid in order to allow for this type of inclusive economic growth to happen. **Anuradha Khanal, Director of the Global Health Advocacy Incubator/Campaign for Tobacco-Free Kids**, focused on how to build a coalition among those willing to push and champion the global health agenda. She offered that it’s not due to lack of will, but other critical priorities, capacity, and a myriad of other issues that prohibit countries from fully owning their national health programs. **Conor Savoy, Executive Director of the Modernizing Foreign Assistance Network,** voiced that it can be difficult for U.S. assistance to align perfectly within the country’s agenda and among donors and the community. As such, local civil society is essential to be able to provide accountability and transparency. The panel then discussed that the characteristics of programs that will produce a net positive for “self-reliance” must be considered, specifically evaluating services provided vs. local demand and need. Considered was *USAID’s Journey to Self-Reliance* framework and how it has enabled new kinds of conversations around integration, particularly shifting the dialogue to how health outcomes can influence other aspects of the global development agenda.

BREAKOUT SESSIONS

The afternoon breakout sessions were an opportunity for smaller groups to reflect on the morning’s conversations and to discuss actionable ideas and aspirations for the future. Each group reported back to the plenary session on their findings.

Exploring Policy Proposals to Support Program Transition

Participants discussed how country ownership requires policies and programs that allow for local leadership and the utilization of local resources. An identified need was precision when discussing global health initiatives and programs and for better communication between the humanitarian aid side and that of health systems. Partners agreed that both can be used to improve a country's overall health and that combining interventions of programs already in place will reach more communities. The U.S. should remain committed to programs that already work well – such as infectious disease programs - and new programs should reflect the efficiency and prudent management of successful programs. It was important to also talk about what hasn't worked. In particular, the Global Health Initiative was cited for lack of budgetary control and specificity around governance. **Participants discussed how to improve on such an initiative going forward by involving other donors, particularly the private sector, and stimulating investment. Participants provided robust feedback on principles that should undergird any big policy proposal that the global health community rallies around in the future.**

The Big Lift: Tackling Structural Challenges to Country Ownership

This session was a focused discussion to reflect on the morning panels and to develop recommendations for the proposed metrics related to *USAID's Journey to Self-Reliance* framework. Participants talked about the challenges and opportunities this framework poses to programs on the ground. Specifically, how is country vs. USAID interest prioritized and how is self-reliance defined? It was agreed that there must be accountability at the community level by considering how civil society capacity and government accountability are tied to country ownership. For implementation to be successful, clear definitions and guidelines are essential across sectors and among stakeholders. The difficulty for agencies to plan long-term was one obstacle to ensure this cohesiveness. USAID talks about sustainable local capacity while contrarily building one year programs that are not sustainable. There is also a need to engage actors outside the health sector, including the World Bank. The impact of climate change was referenced as diverting funds away from core programs. **These participants concluded that the global health community must be part of the consultation process with federal agencies and they should increase their visibility in Congress, as well as among other governments and civil society organizations. Partners should be able to listen to health workers on the frontlines about what's not working without fear of losing their funding.** The capacity for advocacy is not in communities a lot of times, so increasing this skill set will allow for better articulation of the needs of local implementers. The group agreed that there should be more flexible funding and time frames, especially from donors like USAID. Finally, if USAID is genuinely committed to the *Journey to Self-Reliance* and overall systems change, then they should institute it in every program they create, and recognize there are different models being used in these systems.

Speaking their Language: Building the Communications Narrative for Local Partners

These sessions tackled the tensions that exist in the conversations around self-reliance and country ownership. Particularly, participants discussed whether there is room for honesty in communicating program setbacks. It was clear that hard conversations were needed about what a narrative shift really means. One action identified is to bring more frontline voices into the discussion – disrupting how the sector does communication. Advocacy training for health workers was given as a tangible way to increase storytelling since frontline voices hold communities and donors accountable. It is important for authenticity to be preserved while making sure that the target audience is moved. There was common agreement that we need to listen to local partners about preferred language rather than dictate terms and definitions. Participants did not agree with using "pass the baton" as a phrase. Instead, "pass the microphone" was offered as an alternative. **Several suggestions were made for future GHC-led convenings, including to meet more frequently and in different locations - and to engage conservative and faith-based organizations and their leadership.**

CLOSING CEREMONY

Yogesh Rajkotia, Founder & CEO of ThinkWell, gave a riveting talk to close the Symposium. He challenged the audience that pressure to achieve results may have some "perverse" effects, including an overestimation of success in global health. Yogesh underscored that when unrealistic targets are the goal, there is a constant drive to report only success and a fear of sharing failures. This way of communicating significantly hampers innovation and makes the global health community averse to risks. Collective efforts should be for the sake of the people who are the recipients of care. Learning from and speaking openly about failure will drive better health outcomes.

WHAT'S NEXT

The Global Health Council (GHC) is excited for 2020 and is committed to ongoing conversations that ensure a diversity of voices are at the table. We will be picking up the themes discussed at the Symposium's breakout sessions and welcome partner input on broader programming and advocacy initiatives. We recognize that #DemocratizeGlobalHealth is just one piece of the puzzle to ensuring that we create a more inclusive path to achieving global health. As we continue our efforts in this space, we will work to elevate the voices of those at the frontlines, our colleagues in academia, and the larger community to **#ShiftThePower**.

Please stay involved by subscribing to GHC's weekly newsletter to receive the latest global health news and events. Also consider becoming a member to take advantage of several resources, including partner collaboration through the GHC-led advocacy groups and the use of curated advocacy resources from GHC's Advocacy Hub. We also encourage you to engage on Twitter using **#DemocratizeGlobalHealth.**

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