Thank you for the invitation to speak at the opening plenary of the 20th Canadian Conference on Global Health. I remember well a meeting held during the annual conference of the Canadian Public Health Association back in 1993, in St John’s NFLD, when a group of us met to discuss the concept of an annual conference in Canada on international health, as it was called back then. And here we are, 20 years later, celebrating the platinum anniversary of this important event.

Congratulations to the Canadian Society for International Health for organizing and hosting the CCGH, and my personal expression of admiration to Dr. Janet Hatcher-Roberts, a friend and colleague, for her excellent leadership of CSIH over the past 15 years.

I bring greetings from the World Federation of Public Health Associations, the world’s unique NGO representing the global community of national and regional public health associations and other parties interested in public health.

The WFPHA remains since its founding in 1967 the only NGO in official relations with the World Health Organization representing exclusively the field of public health.

Over the next few minutes I’ll share with you the perspective of national public health associations and representatives of the global public health community about progress made, lessons learned and challenges regarding the achievement of the Millennium Development Goals, and some reflections about a public health approach for the post-2015 human development agenda.

This quote expresses my personal perspective as to what public health is all about.

Dr. William Foege, formerly the Director of the US Centers for Disease Control and Prevention, accomplished many incredible things over his long and distinguished career.
This includes spearheading the international effort to eradicate smallpox. He did not become a remarkable public health leader by remaining quiet. He rattled cages when they needed to be shaken; he took controversial and at times politically unpopular stances on issues; and he was and continues to be an ardent advocate for effective measures that benefit the public’s health.

Like Dr. Foege, members of the global public health community, which includes public health practitioners and those interested and working in public health in Canada, cannot be complacent when it comes to advocating for transformative and sustained improvement in human health.

I don’t intend to be indignant today; I do want to ‘brasser la cage’ a little bit.

First, I’d like to talk to you about public health associations. They are a unique type of organization. They are the non-governmental, multisectoral, politically independent and authoritative voice for public health. In some countries, they are its only voice.

This slide shows the logos of some of the WFPHA’s 85 member associations and organizations. Seventeen more will become WFPHA members next month. As you see, we have broad geographic representation. Some are quite mature – the American Public Health Association is celebrating 142 years of existence, and the Canadian Public Health Association marked its centenary three years ago – while others are quite young – the Afghanistan PHA was founded two years ago.

National public health associations are voluntary membership organizations. The members of national public health associations become involved in their association because they believe out of their own personal conviction that Health for All is the right thing to do.

The primary function of PHAs is advocacy – it is their raison d’être.

They are ardent advocates for evidence-informed and effective policies and practices that put into place the conditions that protect and promote individual and community health. It is a voice that cannot and should not be ignored by governments and other stakeholders, including the corporate sector.

The contribution to and influence of national public health associations in the development and application of policies, programs and practices that protect, promote and improve the public’s health and address health equity are impressive. I do not have sufficient time now to present them, but if you are interested, the 2011 WFPHA Annual Report, available on-line, highlights some of their achievements.
The WFPHA carried out last year a survey to explore opinions among public health professionals worldwide about their experience concerning the implementation and achievement of the MDGs. I'd like to share with you some of the survey’s results.

My remarks also take into consideration comments made by public health associations to me over the past 18 months, and as well in response to two other surveys conducted by the Federation, one on public health association organizational capacity and the other on the actions of and challenges facing public health associations in dealing with the social determinants of health. I’m also including some of what I heard while attending a few weeks ago in Cape Town the 9th conference of the Public Health Association of South Africa, held in association with the recently formed African Federation of Public Health Associations. The conference theme, Africa’s Public Health Legacy: Beyond the MDGs, is relevant to this conference.

I am sorry that my presentation today does not take place later next week. The WFPHA is hosting on Monday next week during the American Public Health Association’s conference in Boston a concurrent session on exactly the same issue as I am presenting to you today. I could have shared with you even more of from the PHA perspective.

The WFPHA MDG survey was conducted on-line and face-to-face, the latter with respondents attending the 13th World Congress on Public Health, which took place in April 2012 in Addis Ababa. Over 400 responses were received, most from sub-Saharan Africa. For the sake of time, I'll share a few highlights with you.

Much has been achieved in many countries with respect to the MDGs. Some of the achievements are very impressive. Several countries, including Ethiopia, South Africa, Rwanda, Senegal, Brazil, Indonesia and Vietnam, and as we heard from the previous speakers, elsewhere in the Latin American & Caribbean region and in Ghana, have met and in some cases exceeded some of the MDG targets. They are to be lauded for their efforts.

The majority of WFPHA survey respondents acknowledged progress in achieving the MDGs. Nevertheless, they pointed out that their day-to-day activities tend to focus on and influence mainly the health-related MDGs 4, 5, and 6.

While they appreciate the importance of MDGs 1, 2, 3 and to some degree 7 as important determinants of health, they don’t tend to act on them as they are perceived as being outside of the health sector’s direct responsibility, resource allocation and influence.

Basically, while the MDGs touched on the social and ecological determinants of health, the health sector seems to have not embraced them with the same fervor with which it embraced and acted on the ‘health-related’ MDGs.

| MDGs: Progress and lessons learned from a public health perspective |
| --- | --- |
| • WFPHA MDG Survey (2012) |
| • 400 respondents |
| • Mostly from sub-Saharan Africa |
| • PHA reps and PH workforce |
| • Other WFPHA Surveys (2011) |
| • PHA organizational capacity issues |
| • Social Determinants of Health |
| • 9th PHASA Conference (Capetown, 25-27 September 2013) |

| MDGs: Progress and lessons learned from a public health perspective |
| --- | --- |
| • Day-to-day activities tend to focus on and influence mainly the health-related MDGs |
| • Appreciate importance of MDGs 1, 2, 3 and to some degree 7 as important determinants of health |
| • Don’t tend to act on them – perceived as being outside of the health sector’s direct responsibility, resource allocation and influence |

Barriers to working on the MDGs:
- Lack of financial resources
- Lack of action despite lip service to political commitment
- Poor communication infrastructure including access to primary health care
- Poor leadership
- Focus on health care and treatment of disease rather than on prevention, promotion and protection
- Cultural reasons
The main barriers to working on the MDGs were the lack of and inefficient allocation of financial resources, lack of action despite lip-service to political commitment, poor communication infrastructure including access to primary health care, poor leadership, a focus on health care and treatment of disease rather than on prevention, promotion and protection, and cultural reasons.

Respondents also spoke about fragmentation within the health sector, wherein organizations focused on specific diseases and pursued their own areas of interest. Some PHAs also mentioned difficulties in accessing funds for MDG-related activities due to limited capacity to compete with the large international development organizations.

Respondents also felt that discussions on the MDGs at the international level often left out many of the stakeholders most effective in those areas, especially community members. The lack of progress in MDG 5 and to some extent for MDG 1 and MDG 6 could have been mitigated with more extensive and inclusive involvement of intended beneficiaries.

As a colleague of mine from Ethiopia remarked to me, the challenge is to sustain these achievements over the long run, and that quality of life benefits are part of the mix – not just quantitative service and facility access-related metrics - and to ensure that the benefits are equitable across the entire population.

I would like to propose a public health approach to the post-2015 human development agenda.

Public Health is like an iceberg. What we see above the ocean - the visible part of public health – represents the every-day services seen by the media, politicians and the public, such as immunization, health inspections, the prevention of illnesses such as HIV/AIDS, TB, and malaria, primary health care services, water supply & sanitation, tobacco control, etc.

But we don’t see what lies below the ocean’s surface – where the bulk of the iceberg exists. This is the invisible part of public health – the grand bulk of services and actions that are taken and the conditions put into place to protect and benefit the public’s health. More often than not, these are outside of the medical care and treatment/health care delivery sphere of direct action and influence. They are the policies, the regulations, the behind the scenes and out-of-view services, the social, economic system-related and ecological determinants of health.

More often than not, they are neither seen nor really understood by politicians and the
public. And yet, they are essential if we are to prevent disease and injury, promote and protect the public’s health. If we do not take them into account, if we do not invest in them, then we run the risk of not being adequately prepared when we need these essential public health functions.

We have an opportunity to steer our collective ship successfully through the iceberg field. But it requires leadership, good governance, inclusion and a strong, sustained and real commitment to tackle the ‘wicked problems’ that shape and influence human health, factors often outside of the conventional biomedical and health care delivery system-based approaches.

I don’t think we are creating rocket science here. We don’t need to reinvent the wheel. We have the means and capacity at hand. What we need is a change in the way we do things, and in the way we advocate for and take action to achieve health benefits and health equity.

The High-Level Panel of Eminent Persons on the Post-2015 Development Agenda produced an excellent report. It calls for a simple, clear agenda that builds on the MDGs and the Rio+20 process. It recommends the full integration of the social, economic and environmental determinants of human development into the process. The report calls for reaching and creating change for the very poorest and most excluded people. It also advocates for the inclusion of good governance, the rule of law, accountability and transparency as core principles.

The HLP proposes five ‘transformative shifts’ for putting into place the conditions and build momentum to meet the post-2015 human development goals. I’d like to suggest the following ideas as components of what I would label a ‘public health approach’ to sustainable human development.

Transformative Shift #1: Leave no one behind

Tackling the causes of poverty and eliminating exclusion and inequity are very important. But care should be taken not to fall into the ‘selective’ versus ‘comprehensive’ debate. This is what happened in the 1980s with respect to Primary Health Care, with sometimes negative consequences.

Let’s ensure we monitor health equity and
disparities. It’s fine to report on averages, but who is gaining the health benefits and who is not should also be part of the mix.

The quality of what is delivered and provided should also be monitored, and as well any disparities in quality across different population groups and communities.

Transformative Shift #2: Put sustainable development at the core

The causes of ill health, disability and injury need to be tackled. There is no use wagging our fingers and telling people to change their lifestyle and behaviours and then send them back to contexts which are unhealthy – we need to be changing those contexts - be they policy, regulatory, infrastructural, environmental, social/cultural - so that people can take action to benefit their health.

We need to step out of our health sector bubble, and support the efforts of other sectors so that their achievements have a positive impact on human health. This is what the ‘healthy policies’ approach is about – some action has been taken, but we are slow to make this a reality.

A adequate portion of health sector investment should be shifted in support of prevention, promotion and protection. Care and treatment are important and need to be adequately resourced; but, investments in the essential public health functions in most countries, including Canada, are miniscule compared to investments in acute care services. We seem to invest after the horse has left the stable, treating people once they fall ill or are injured, rather than putting into place the conditions that prevent people from becoming sick and being injured.

Transformative Shift #3: Transform economies for jobs and inclusive growth

A quantum leap forward in economic opportunities and a profound economic transformation to end extreme poverty and improve livelihoods is a noble objective. We know that our current levels of human activity are threatening some key ecosystem functions and the sustainability of natural resources. If we are to undergo a profound shift in economic growth and productivity, then we need to change the way we consume and produce. Hence, we need to under Slide16stand and act on the ecological determinants of health. Unless checked, the impacts on ecosystem functioning will increasingly threaten human health both directly and indirectly. The vulnerable and marginalized will suffer the most.
Transforming economies for jobs and inclusive growth also demands that human rights be a cornerstone of employment. Occupational health and safety should be included in human development measures, as a safe & secure workplace environment is an important determinant of productivity and job satisfaction.

We should also be examining to whom employment opportunities are directed, in which jobs people can work and fair and equal remuneration for a day’s work. This is part of inclusiveness and leaving no one behind.

Transformative Shift #4: Building peace and effective, open and accountable public institutions

Peace is a fundamental determinant of health and human development. I speak from several years’ experience working in the Palestinian Territories and in the post-conflict former Yugoslavia. We, the public health community, should advocate for the protection of health workers in conflict zones, and actively support peace-building and conflict resolution efforts. We should also be actively championing and monitoring progress for the elimination of chemical weapons and arms control.

But we should not stop there. The concept of peace should go beyond this – it needs to encompass building safe and secure places in which we live, work and play – the concept of safe, secure and resilient communities. Shouldn’t our countries be monitored as well on how they safeguard the health and security of the vulnerable and marginalized? How our societies deal with people who are raped, people who are trafficked, illegal immigrants and refugees, prisoners, victims of domestic violence, abused women and children, sexually abused people, elders, people with mental health conditions? As several states people have remarked over the years in a variety of ways, a country is judged by how it treats the poor, the disadvantaged and the vulnerable.

Countries should also be gauged on the application of the rule of just and fair laws, including public health law. Public health law provides a framework within which governments act to safeguard and improve population health. Without good, effective and updated public health laws which are applied in a timely and consistent fashion, how can our governments be expected to function?

Our governments pay a lot of lip service to accountability. The post-2015 goals should not be exclusive to lower-income countries. I would encourage all countries, including Canada, to report publicly on progress made towards achieving sustainable human development.

For example, shouldn’t the Canadian government be explaining to Canadians and to the world why our country’s infant mortality rate presently ranks second to last among 17 peer countries (we used to rank 3rd best)? Rather than reporting that we have achieved 100% coverage for water supply and sanitation, shouldn’t we be reporting on achievements in bringing safe, uncontaminated drinking water and effective functioning
sanitation to 100% of our population, including First Nations people living on reserves? Shouldn’t Canada report on progress made in reducing the proportion of people living below the country’s 2015 national poverty line? Shouldn’t we be tackling and reporting on child poverty? What about secondary education enrollment and graduation? While over 60% of non-aboriginal youth in Canada graduate from high school, over 60% of aboriginal youth living on reserves do not. Shouldn’t our government be monitoring and reporting on this as a determinant of health and human development? Do we continue to accept food banks as a normal daily service dependent on the charity of individuals, communities and corporations? Or do we view them as symptoms of a malfunctioning society? Access to and the quality of food should also be part of the post-2015 human development agenda in all countries, including Canada.

The concept of a national report card on health and human development is not new. The USA adopted the Healthy People 2020 strategy – why has the Canadian government not done the same?

Perhaps we should rattle the cage and advocate to the Canadian government on this issue.

Transformative Shift #5: Forge a new global partnership

National public health associations and the WFPHA are catalysts and can help bridge with other sectors and disciplines. For example, the WFPHA is working closely with other health sector organizations, such as the World Medical Association, the International Council of Nurses, the International Federation of Dentists and the International Epidemiology Association. It is also collaborating with non health sector organizations and initiatives, such as the World Justice Project, to identify and put into place effective responses to global public health issues.

National PHAs need active members, and the WFPHA is only as strong as its member associations. We need your input, your help, to advocate for a stronger public health approach within the post-2015 human development agenda. If you are already a member of a national PHA, thank you – I urge you to be an ACTIVE member. Should you not as yet be a member of a national PHA, I encourage you to become one.

The Federation’s flagship activity, the World Congress on Public Health is held every three years. This unique global event brings together public health practitioners, researchers and members of the global public health community with counterparts from other sectors and disciplines to discuss and seek solutions and to create advocacy around a wide range of issues affecting the public’s health. The 13th World Congress, was hosted by the Ethiopian Public Health Association in April 2012. This event, the second time a World Congress was held in Africa, brought together over 3,600 individuals from 120 countries under the theme Towards Global Health Equity: Opportunities and Threats.
The next World Congress, to be hosted by the Indian Public Health Association, will take place in Kolkata in February 2015, with the theme *Healthy People, Health Environment*. The post-2015 human development agenda will be front stage at this event. I encourage you to participate.

In closing, I encourage all of you to become advocates for transformative change – be a bit indignant from time to time on behalf of everyone. Public health is, after all, everyone’s business. The HLP has given us a good starting point. It is our responsibility to move it forward. I do hope we see a public health agenda integrated into whatever transpires as the post-2015 human development agenda.

Thank you/Merci beaucoup.

*In a country well governed poverty is something to be ashamed of.*

*In a country badly governed wealth is something to be ashamed of.*

- Confucius