Preparing for cross-sectoral action for health in the Post-2015 Development Agenda

Alan J. Thomson

Contact Information:

Adaptive Knowledge Management

841 Victoria Ave.

Victoria, BC, Canada V8S 4N4

email: ajthomson@AdaptiveKM.com

phone: (250) 598-9353

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Introduction

Eighteen thematic think pieces[1–18] (Table 1) have been produced by the UN System Task Team on some of the key issues of the post-2015 development agenda. Health itself is mentioned in all thematic pieces except for Countries with Special Needs[1], and, apart from the Health[8] piece itself, is especially significant in the Science, Technology, Innovation and IPR[11] and the Population[15] think pieces. The latter in particular deals with topics of great significance to health, not only increasing population, but also changing diversity and demographic structures: different rates of fertility, inequity, morbidity and mortality.

The Health[8] think piece regards health as a sector at the apex of development, but recognizes that how the health community handles competition with other sectors will be key to achieving that position. The concept of inter-sectoral competition is mentioned explicitly in the Food and Nutrition[6] piece, and is implicit in the concept of "innovation ecosystems"[19] mentioned in the Science, Technology, Innovation and IPR[11] think piece.

Recognition of health as a sector at the apex of development faces obstacles such as the fact that the initial draft for the political outcome document for Rio+20 made only passing reference to health[8]. This is reflected in the think pieces: apart from the Health piece itself, only the Disaster[3], Governance[7] and Migration[13] pieces explicitly regard health as a sector. It is more commonly regarded as a service or as a goal or target. Areas identified as sectors include public/private, formal/informal, science/policy, culture/tourism, education, agriculture, environment and financial. The Call for papers on Health in the Post-2015 Development Agenda included "cross-sectoral action for health" as a topic of interest, but few[2,7,8,13] think pieces addressed multi-sectoral or cross-sectoral considerations. However, as health is an outcome of policies in many other sectors[8], synergies and

collaborations are not only possible, but desirable.

The health sector is therefore faced with challenges in the approach to the Post-2015 Development Agenda. It must identify sources and topics of both competition and collaboration, and it must achieve broad recognition, not only as a sector in its own right, but as a crucial sector as described in the Migration[13] think piece. The present study therefore reviews the 18 think pieces with regard to (a) collaboration and competition, and (b) achieving sectoral recognition.

Collaboration and Competition

For the coming debate in health, "[t]he process will be highly competitive, not just to include a wider range of topics, but also to influence the discourse on the approach to development. Examples are the current discussions on increasing the focus on human rights, on gender, on equity versus aggregate achievement, and on ways of measuring growth beyond GDP"[8]. Evaluating common themes across the think pieces provides a guide to some potential areas of collaboration, or they may represent areas of competition for leading roles in the post-2015 agenda formulation.

Common themes

1) Sustainability:

The term "Sustainable development" is the principal sustainability term used across the think pieces, and health in the context of sustainable development is one of three sets of health issues identified in the Heath think piece[8]. Its three pillars (economic, social and environmental development) are central to the discussions. Related terms in the think pieces include sustainable -growth (population and financial), -investment, -partnerships, -social protection, and -urbanization.

Stakeholder involvement and participation are key in a majority of think pieces.

2) Equality:

Equality/equity and inequality are addressed in all except the Disaster(3) think pieces. The requirement for disaggregated data to avoid masking inequality is discussed in a majority of pieces, including Health. Access is also a key requirement, covered by all except the Culture(2) and Employment(5) pieces. National Social Protection Floors are advocated, particularly for access to health care(16).

3) Innovation and adoption:

"Innovation" is found in 10 of the thematic pieces, with a single mention in Health(8), but with extensive coverage in the Science, Technology, Innovation and IPR think piece (11), which introduces the concept of "innovation ecosystems" and has the only mention of the related term, "diffusion". The other related term "adoption" occurs in 12 of the pieces, not in relation to to the term "innovation", but rather in relation to terms such as standards, laws, values, goals, targets, plans, strategies, programmes, approaches and resolutions.

4) Resilience:

"Resilience" is mentioned in eight of the thematic pieces including health. It figures prominently in relation to disasters(3) where resilience is enhanced by risk reduction, prevention, preparedness and prediction, with resilience defined as the "ability of a system, community or society exposed to hazards to resist, absorb, accommodate to and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions"(20). Knowledge access also enhances resilience(1), as does consideration of

local and indigenous knowledge systems and practices[2,11]. While "Knowledge" has a single mention in the Health piece[8], it has more prominence in other[2,4,11,13] think pieces.

5) Challenges:

All 18 thematic pieces mention "challenges". Challenges of particular interest to Health include disasters and climate change[3], "reaching the unreached" and anticipating change[4], water scarcity and market challenges[6], governance[7], equality[9,10], food security[11], economic stability[12], migration[13], population growth and changing demographics[15], poverty[16], competing processes[17] and urbanization[18]. Several of the think pieces recognize that challenges are interlinked/interconnected. In addition to recognizing many of the challenges above, the Health thematic piece itself [8] describes a number of challenges relating to its participation in the processes ahead. Inclusiveness, country context, universality and linkages are required, while characterizing "health" in an understandable manner that provides political traction. An overarching health goal and target must be framed in a way that meets a range of requirements. The extent to which approaches based on human rights, equity, and social determinants need to be explicitly reflected in the framing must be determined, unless they can be assumed to be implicit.

6) Goals, targets and indicators:

All 18 think pieces discuss goals, all except Governance[7] cover indicators, and all except the Culture[2] and Migration[13] pieces discuss targets. Goals are interventions in their own right, as they focus attention, shape the meaning of development and influence resource transfers within and between nations and institutions[8]. It was questioned whether the three dimensions of sustainable development can be reflected across goals or within the same goal[17]. Several concepts are raised that are generally applicable, such as both process and outcome targets being appropriate, and aggregate goals and targets

masking inequalities. The importance of disaggregated data is widely recognized. The Education[4] piece shows that setting ambitious targets can have an attribution effect, leading to increasing budgets and donors scaling up support. It also discusses limitations of proxy indicators. The Food and Nutrition[6] piece proposes a suite of indicators: situational, outcome and sustainability, using disaggregated data.

7) Monitoring:

This topic is covered by a majority[1–4,6–11,13,15,17] of think pieces. It is essential for government accountability[1] and for minimum performance standards[16]. "Accountability strengthens political commitment, promotes a culture of justification of policy choices and resource allocations, and improves incentives for fair delivery of social services"[9]. Also, principles without measures are not taken as a priority, thus monitoring and reporting are essential[7]; "what we measure shapes what we collectively strive to pursue"[21]. However, monitored indicators must be selected with care: "The [MDG] format's ostensibly neutral technical standard of measurability served an inappropriate political function by de-prioritizing some of the issues whose importance had been given great emphasis through global inter-governmental agreements"[10].

Evaluating potential collaboration and competition

Development of a Knowledge Ecosystem[22,23], analogous to the innovation ecosystems mentioned above, but with a broader scope, would facilitate exploration of inter-sectoral relationships with a view to achieving desired positioning as a sector at the apex of development. Knowledge ecosystems can be defined as "the complex and many-faceted system of people, institutions, organizations, technologies and processes by which knowledge is created, interpreted, distributed,

absorbed, and utilized"[22]. The Knowledge Ecosystem would identify institutions, organizations and stakeholders participating in the 2015 agenda-development processes, their linkages to sectors, highlighting their interactions with health-related processes, organizations and institutions.

While competition may be balanced by cooperation among those with similar views, similar-appearing entities may not always have the same goals. Time or other constraints may favor one sector/ organization over another, and it may be possible to increase competitive ability in some way. Not only can organizations and institutions compete, but also forms of knowledge may compete. Competing theories or hypothesis may also exist[23]. The evolution of a Knowledge Ecosystem over time can be explored[24], providing insights into possible future states.

A Knowledge Ecosystem could be used to explore issues raised from looking across the common themes above, prior to exploring inter-sectoral collaborations. For example, the Health[8] think piece indicates that there should be a single high-level goal, containing an equity dimension, at the top of a hierarchy of goals. Equity related-issues would therefor constrain collaboration. Thus, is the absence of consideration of equality/equity and inequality in the Disaster[3] think piece a reflection of a general view in that area, or is it just the views of the authoring organizations (UNISDR, WMO) and not the general view of other organizations in that field, or was the omission from that think piece an oversight? Similarly, for the organizational authors of think pieces emphasizing resilience, do other organizations in their sectors have similar emphasis? To what extent would health as a contributor to resilience provide a basis for inter-sectoral collaboration?

The Health[8] think piece suggests that the post 2015 framework must revisit the relationship of health and sustainable development, noting that health can be a contributor to achievement of sustainability goals or it can be a beneficiary; health can also measure progress across all three pillars of sustainable development policy. A knowledge Ecosystem approach can help address sustainability-related questions: With regard to sustainability, how do organizations/institutions/sectors perceive the

balance between “a development agenda” and a “sustainable development agenda?” How can health best be used by these other entities as a means of measuring progress across the economic, social and environmental pillars of sustainability, encouraging collaboration?

The health sector will have its own processes to reach consensus on how it participates in the larger agenda process, as well as the desired agenda for global health itself, and there will be competing views within these activities. For this, the health-related part of the Knowledge Ecosystem can be developed in more detail to help reach consensus by facilitating exploration of questions raised in the health document itself[(8)]: How to frame health goals from a global rather than developing country perspective? How to change the focus from developing health systems that deal with selected diseases and conditions to one ensuring access to services, using innovation to foster efficiency and prevent exclusion? How to have a human rights-based approach to health? How to broaden the health agenda to include noncommunicable diseases, health systems and health security.

Sectoral recognition

The aim of health being regarded as a sector at the apex of development will require a change in the perception of health by other agencies and sectors, evidenced by the few mentions of health as a sector described above. This will require innovative approaches to perception-changing. The present study does not propose specific approaches; rather, it discusses the benefits of applying Innovation Diffusion Theory in the endeavours.

As indicated above, innovations can have many different forms, and are associated with studies of diffusion and adoption. None of the think pieces define these terms. Perhaps the best known definitions are “An innovation is an idea, practice, or object perceived as new by an individual or other unit of adoption,” while “Diffusion is the process by which an innovation is communicated through

certain channels over time among the members of a social system. It is a special type of communication, in that the messages are concerned with new ideas"[25] If innovations are not adopted at expected rates, it is possible to explore deviations from assumptions even when data is sparse[26]; this facilitates modification of the diffusion process.

There are many analogies between diffusion, infectious processes and epidemiology[27,28], and there are many applications of innovation diffusion theory in the health sector[29,30]. The health sector is therefore in a good position to explore innovative approaches to sectoral recognition. Development of the Knowledge Ecosystem will facilitate definition of the appropriate target populations and subpopulations of organizations and institutions, as well as help clarify appropriate messages.

Innovation diffusion theory may help when developing collaborations related to sustainable development. "Sustainable development" was itself an innovation, as was the earlier "sustainability" by itself[31]. Definitions have been modified over the years, and as indicated in the common themes, "sustainability" is used in conjunction with a range of other terms. A common viewpoint cannot be assumed: understanding the perspective of potential collaborators is essential. As indicated earlier, stakeholder involvement and participation are key to sustainability: can the health sector offer unique approaches or experiences to facilitate these, or expertise in these areas to be sought among collaborators? If the health sector does have innovations in stakeholder involvement and participation to offer, how can these best be diffused? Similar questions can be explored in relation to the health sector and traditional/local knowledge use.

Finally, while development of targets is one of the common themes, the process should include a better interface between policymakers and the scientific community[11]. Such an interface is one of the topics explored in the Knowledge Translation (KT) process, where there is a breadth of experience in the health sector[32,33]. The Governance[7] think piece called for an evidence-based approach to governance issues was recognized, and KT is the route to evidence-informed policy[32], KT is also used

in relation to Indigenous knowledge[34]. The Knowledge Ecosystem can help define which KT activities are required for particular needs, while Innovation Diffusion Theory can assist the process. KT therefore offers possible opportunities for collaboration. Should KT actually form part of the goals or indicators for the health sector?

Summary

As it prepares for participation in the Post-2015 Development Agenda, the health sector faces the major challenges of inter-sectoral competition and lack of sectoral recognition in achieving its goals of being perceived as being a sector at the apex of development, while engaging in collaboration in cross-sectoral action for health. In the present study, common themes offering potential areas of collaboration and competition were identified by reviewing the 18 thematic think pieces produced by the UN post-2015 System Task Team. Seven common themes were explored: sustainability; equality; innovation and adoption; resilience; challenges; goals, targets and indicators; and monitoring.

To evaluate further potential areas of collaboration and competition, development of a health Knowledge Ecosystem was proposed to identify institutions, organizations and stakeholders participating in the 2015 agenda-development processes, their linkages to sectors, highlighting their interactions with health-related processes, organizations and institutions. Cross-sectoral considerations of equity and sustainability were explored in this light, as will as internal consensus building within the health sector itself.

Innovative approaches to achieving sectoral recognition will be required, and application of Innovation Diffusion Theory was explored as a route to achieving success, with there being analogies between diffusion, infectious processes and epidemiology. The theory was also discussed in relation to development of collaborations and targets, and, in combination with Knowledge Ecosystems, in

relation to Knowledge Translation to provide a better interface between policymakers and the scientific community.

The Call for papers on Health in the Post-2015 Development Agenda included interest in ensuring a process and outcome that is relevant to the key stakeholders, and ensuring effective working relations. Stakeholders are part of the Knowledge Ecosystem, and innovative processes may be developed in the agenda, thus the topics covered in this report are also relevant to these objectives.

References

1. OHRLLS. Countries with special needs. Thematic Think Piece. [Internet]. 2012 [cited 2012 Oct 25]. Available from: http://www.un.org/millenniumgoals/pdf/Think%20Pieces/1_countries_with_special_needs.pdf

2. UNESCO. Culture: a driver and an enabler of sustainable development. Thematic Think Piece. [Internet]. 2012 [cited 2012 Oct 25]. Available from: http://www.un.org/millenniumgoals/pdf/Think%20Pieces/2_culture.pdf

3. UNISDR, WMO. Disaster risk and resilience. Thematic Think Piece [Internet]. 2012 [cited 2012 Oct 25]. Available from: http://www.un.org/millenniumgoals/pdf/Think%20Pieces/3_disaster_risk_resilience.pdf

4. UNESCO. Education and skills for inclusive and sustainable development beyond 2015. Thematic Think Piece [Internet]. 2012 [cited 2012 Oct 25]. Available from: http://www.un.org/millenniumgoals/pdf/Think%20Pieces/4_education.pdf

5. ILO. Emerging development challenges for the post-2015 UN development agenda: Employment. Thematic Think Piece. [Internet]. 2012 [cited 2012 Oct 25]. Available from: http://www.un.org/millenniumgoals/pdf/Think%20Pieces/5_employment.pdf

6. FAO, IFAD, WFP. Imagining a world free from hunger: Ending hunger and malnutrition and ensuring food and nutrition security. Thematic Think Piece. [Internet]. 2012 [cited 2012 Oct 25]. Available from: http://www.un.org/millenniumgoals/pdf/Think%20Pieces/6_food_nutrition.pdf

7. UNDESA, UNDP, UNESCO. Governance and development. Thematic Think Piece. [Internet]. 2012 [cited 2012 Oct 25]. Available from: http://www.un.org/millenniumgoals/pdf/Think%20Pieces/7_governance.pdf

8. UNAIDS, UNICEF, UNFPA, WHO. Health in the post-2015 UN development agenda. Thematic Think Piece [Internet]. 2012 [cited 2012 Oct 25]. Available from: http://www.un.org/millenniumgoals/pdf/Think%20Pieces/8_health.pdf

9. OHCHR. Towards freedom from fear and want: Human rights in the post-2015 agenda. Thematic Think Piece. [Internet]. 2012 [cited 2012 Oct 25]. Available from: http://www.un.org/millenniumgoals/pdf/Think%20Pieces/9_human_rights.pdf

10. ECE, ESCAP, UNDESA, UNICEF, UNRISD, UN Women. Addressing inequalities: The heart of the post-2015 agenda and the future we want for all. Thematic Think Piece. [Internet]. 2012 [cited 2012 Oct 25]. Available from: http://www.un.org/millenniumgoals/pdf/10_inequalities_20July.pdf

11. IAEA, ITU, UNESCO, UNOOSA, WIPO. Science, technology and innovation and intellectual property rights: The vision for development. Thematic Think Piece. [Internet]. 2012 [cited 2012 Oct 25]. Available from: http://www.un.org/millenniumgoals/pdf/Think%20Pieces/11_ips_science_innovation_technology.pdf

12. ILO, UNCTAD, UNDESA, WTO. Macroeconomic stability, inclusive growth and employment. Thematic Think Piece. [Internet]. 2012 [cited 2012 Oct 25]. Available from: http://www.un.org/millenniumgoals/pdf/Think%20Pieces/12_macroeconomics.pdf

13. IOM, UNDESA. Migration and human mobility. Thematic Think Piece. [Internet]. 2012 [cited 2012 Oct 25]. Available from: http://www.un.org/millenniumgoals/pdf/Think%20Pieces/13_migration.pdf

14. PBSO. Peace and security. Thematic Think Piece. [Internet]. 2012 [cited 2012 Oct 25]. Available from: http://www.un.org/millenniumgoals/pdf/14_peace_and_security_20July.pdf

15. UNDDESA, UNFPA. Population dynamics. Thematic Think Piece. [Internet]. 2012 [cited 2012 Oct 25]. Available from: http://www.un.org/millenniumgoals/pdf/Think%20Pieces/15_population_dynamics.pdf

16. ECA, ILO, UNCTAD, UNDESA, UNICEF. Social protection: A development priority in the post-2015 UN development agenda. Thematic Think Piece. [Internet]. 2012 [cited 2012 Oct 25]. Available from: http://www.un.org/millenniumgoals/pdf/Think%20Pieces/16_social_protection.pdf

17. ECE, ESCAP, UNDESA, UNEP, UNFCCC. Building on the MDGs to bring sustainable development to the post-2015 development agenda. Thematic Think Piece. [Internet]. 2012 [cited 2012 Oct 25]. Available from: http://www.un.org/millenniumgoals/pdf/Think%20Pieces/17_sustainable_development.pdf

18. UN Habitat. Sustainable urbanization. Thematic Think Piece. [Internet]. 2012 [cited 2012 Oct 25]. Available from: http://www.un.org/millenniumgoals/pdf/Think%20Pieces/18_urbanization.pdf

19. Adner R. Match your innovation strategy to your innovation ecosystem. Harv Bus Rev. 2006 Apr;84(4):98–107; 148.

20. UNISDR. UNISDR Terminology on Disaster Risk Reduction. [Internet]. 2009 [cited 2012 Nov 3]. Available from: http://www.unisdr.org/files/7817_UNISDRTerminologyEnglish.pdf

21. Stiglitz J, Sen A, Fitoussi J-P. Report on the Commission on the Measurement of Economic Performance and Social Progress [Internet]. 2010 [cited 2012 Nov 4]. Available from: http://www.stiglitz-sen-fitoussi.fr

22. Thomson AJ. Adaptive Management of Knowledge Ecosystems. In: Proc Conf. “Sustainable forestry in theory and practice: recent advances in inventory and monitoring, statistics and modelling, information and knowledge management and policy science.” University of Edinburgh, Edinburgh, UK. 5th - 8th April 2005 [Internet]. U.S. Department of Agriculture, Forest Service, Pacific Northwest Research Station. Gen. Tech. Rep. PNW-GTR-688.; 2006 [cited 2012 Nov 4]. Available from: http://www.fs.fed.us/pnw/pubs/pnw_gtr688/papers/IM&IT/session2/Thomson.pdf

23. Thomson AJ. How should we manage Knowledge Ecosystems? Using Adaptive Knowledge Management! In: Sustainable Forestry: From Monitoring and Modelling to Knowledge Management and Policy Science. Reynolds, K., Thomson, A., Köhl, M., Shannon, S., Ray, D., and Rennolls, K. (eds.). CABI Publishing, Wallingford, UK; 2007. p. 461–79.

24. Thomson AJ, Callan BE, Dennis JJ. A knowledge ecosystem perspective on development of web-based technologies in support of sustainable forestry. Computers and Electronics in Agriculture. 2007 Nov;59(1–2):21–30.

25. Rogers EM. Diffusion of Innovations. Fourth Edition. The Free Press, New York.; 1995.

26. Thomson AJ. Diagnosis of sparse adoption data using an expert system-guided innovation diffusion simulation model. The Innovation Journal: The Public Sector Innovation Journal. 2008;13(3):Article 11 : http://www.innovation.cc/peer–reviewed/thomson1dec2008jag_rev12i11.pdf.

27. Haggith M, Prabhu R, Colfer C, Ritchie B, Thomson A, Mudavanhu H. Infectious ideas: Modelling the diffusion of ideas across social networks. Small-Scale Forestry. 2003;2(2):225–39.

28. Young HP. Innovation Diffusion in Heterogeneous Populations: Contagion, Social Influence, and Social Learning. The American Economic Review. 2009;99(5):1899–924.

29. Rogers EM. Diffusion of preventive innovations. Addictive Behaviors. 2002 Nov;27(6):989–93.

30. Greenhalgh T, Robert G, Macfarlane F, Bate P, Kyriakidou O. Diffusion of Innovations in Service Organizations: Systematic Review and Recommendations. Milbank Quarterly. 2004;82(4):581–629.

31. Innes T, Green C, Thomson A. Surprising Futures. Pages 24-48 In: L. Hetemaki and S. Nilsson (eds.), Information Technology and the Forest Sector. IUFRO World Series Volume 18: 235 pp. [Internet]. International Union of Forest Research Organizations, Vienna, Austria; 2005 [cited 2012 Nov 7]. Available from: http://www.metla.fi/julkaisut/muut/ICT-forest-sector-2005.pdf

32. Armstrong R, Waters E, Crockett B, Keleher H. The nature of evidence resources and knowledge translation for health promotion practitioners. Health Promot. Int. 2007 Sep 1;22(3):254–60.

33. Woolf SH. The meaning of translational research and why it matters. JAMA. 2008 Jan 9;299(2):211–3.

34. Smylie J, Martin CM, Kaplan-Myrth N, Steele L, Tait C, Hogg W. Knowledge translation and indigenous knowledge. International Journal of Circumpolar Health [Internet]. 2004 Jan 9 [cited 2012 Nov 9];63(0). Available from: http://www.circumpolarhealthjournal.net/index.php/ijch/article/view/17877

35. UN. Beyond 2015 [Internet]. United Nations Millennium Development Goals. [cited 2012 Oct 25]. Available from: http://www.un.org/millenniumgoals/beyond2015.shtml

Table 1. Thematic think pieces produced by the UN System Task Team on some of the key issues of the post-2015 development agenda [35].

Reference #	Topic	Authors
1	Countries with special needs	OHRLLS
2	Culture	UNESCO
3	Disaster risk and resilience	UNISDR, WMO
4	Education and skills	UNESCO
5	Employment	ILO
6	Ending hunger and malnutrition	FAO, IFAD, WFP
7	Governance and development	UNDESA, UNDP, UNESCO
8	Health	UNAIDS, UNICEF, UNFPA, WHO
9	Human rights	OHCHR
10	Inequalities	ECE, ESCAP, UNDESA, UNICEF, UNRISD, UN Women
11	Science, technology, innovation and intellectual property rights	IAEA, ITU, UNESCO, UNOOSA, WIPO
12	Macroeconomics	ILO, UNCTAD, UNDESA, WTO
13	Migration and human mobility	IOM, UNDESA
14	Peace and security	PBSO
15	Population dynamics	UNDESA, UNFPA
16	Social protection	ECA, ILO, UNCTAD, UNDESA, UNICEF
17	Sustainable development	ECE, ESCAP, UNDESA, UNEP, UNFCCC
18	Sustainable urbanization	UN Habitat