

# Synergies and balance in national health systems: the role of NPHIs

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Lancet Synergies Commission  
The role of NPHIs – in theory and practice  
Questions for discussion

LONDON SCHOOL OF HYGIENE  
AND TROPICAL MEDICINE



The Lancet Commission  
on synergies between  
universal health  
coverage, health security  
and health promotion

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Global health is fragmented. Many stakeholders pursue their own agenda while neglecting other important goals for global health.

Addressing the fragmentation of global health: the *Lancet* Commission on synergies between universal health coverage, health security, and health promotion

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For the Sustainable  
Development Goals or SDGs  
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who-we-are/who-we-are

Global health is fragmented. Many stakeholders pursue their own agenda while neglecting other important goals for global health. Some global health actors, for example, focus on strengthening health security without attention to universal health coverage (UHC), primary health care (PHC), and population based health promotion. Prevention is a key part of PHC and UHC, but efforts to ensure PHC or make progress towards UHC often do not include population based prevention efforts. Proponents often use broad definitions of their agenda in declarations and statements, while applying much narrower definitions in practice. If these tensions are not addressed, fragmentation will continue to make local, national, and global efforts inefficient and opportunities will be lost in terms of lives saved and quality of life.

The Sustainable Development Goals (SDGs) and WHO's general programme of work 2019-2023 (GPW) come with unprecedented potential for coherence. The broad SDGs highlight how the goals and targets are intertwined. With respect to health,

this interconnectedness is featured throughout SDG 3 and in other SDG goals. Similarly, WHO's GPW shows that the organisation's efforts can be subsumed under three strategic priorities: UHC (1 billion more people benefiting from UHC), health emergencies (1 billion more people better protected from health emergencies), and healthier populations (1 billion more people enjoying better health and wellbeing). WHO's GPW underscores the importance of pursuing these priorities in an integrated way (figure).

However, some drivers of fragmentation between these three priorities and corresponding agendas are powerful. Path dependency is one. Some global health institutions, initiatives, and programmes have narrow mandates that are difficult to change – a challenge much debated in the context of vertical health programmes.

Another driver of fragmentation is diverging national interests, especially when countries claim that their own interests come first. This driver of fragmentation may intensify, and, as Macfarlane and colleagues suggest, stave global health cooperation towards efforts addressing “common vulnerabilities to the spread of communicable diseases and to the spread of risk factors for non-communicable diseases that necessitates national and international strategies”, and away from efforts tackling “huge inequalities in disease burden between rich and poor countries and between rich and poor people anywhere”. Although the SDGs and WHO's GPW come with great potential for integration, they could also give rise to further fragmentation. Given the ambition of the wide ranging SDGs, which are much broader than the preceding Millennium Development Goals, some actors might justify prioritising UHC with reference to SDG 3.8, whereas others might prioritise health security with reference to SDG 3.6.

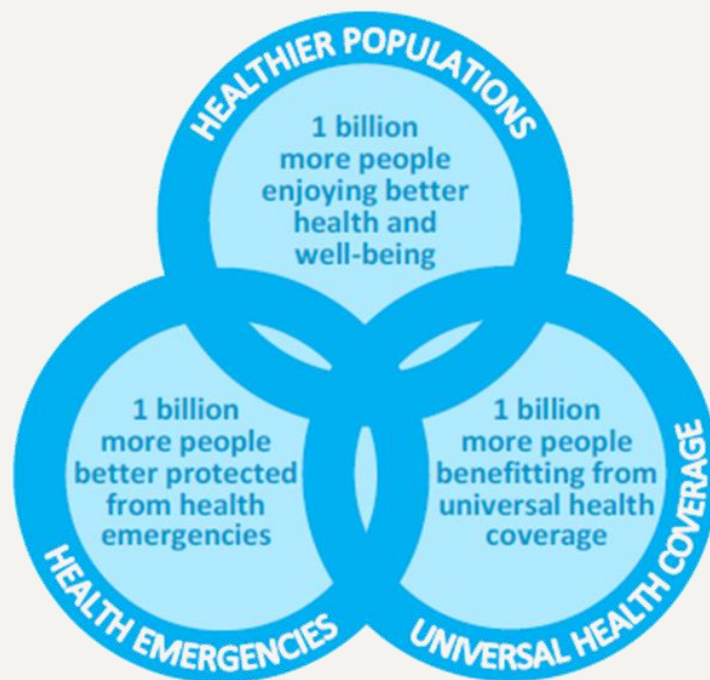
The *Lancet* Commission on synergies between UHC, health security, and health promotion aims to overcome fragmentation and realise the potential for coherence in global health. The Commission will systematically examine interconnections between these leading agendas in global health. Inspired by WHO's Maximizing Positive



Figure: A set of interconnected strategic priorities and goals to ensure healthy lives and promote wellbeing for all at all ages from WHO's general programme of work 2019-2023. Adapted from WHO's 13th biennial general programme of work, 2019-2023. Geneva: World Health Organization, 2018: 33.

# Three top agendas

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The Commission has decided to address the question of fragmentation from the viewpoint of policymakers at the national level.

### Some examples of relevant challenges

- Potential inefficiencies resulting from siloed / vertical disease control programs
- Lack of coordination across sectors that influence human health
- Non-alignment of donor and national priorities

A central aim of the Commission is to identify policies, institutional capacities, interventions or approaches that

- Enable better coordination in health systems to improve efficiency and outcomes (synergies)
- Balance competing priorities



| What is the role of NPHIs in promoting synergies and balance?

# In theory, NPHIs are positioned to promote synergies and balance in national health policy

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## NPHI CORE CAPACITY 1

### Evaluation and analysis of health status

Collect data to understand the health status of the population, set priorities, and suggest interventions

- Gather or have access to data on vital statistics, potential **threats** to health, **risk factors** for disease and injury, and access to and use of personal **health services**.
- Use the data to **guide policies and programs**.

## NPHI CORE CAPACITY 10

### Public health research

Conduct research on high-priority issues

- **Characterize the country's most important health problems**
- **Provide other data important to decision-making**
- Evaluate the effectiveness of interventions
- Make sure that research findings are translated into decisions, policies, and programs

# In theory, NPHIs are positioned to promote synergies and balance in national health policy

## CORE NPHI ATTRIBUTES

National scope of influence

National recognition

Limitations on political influence

Scientific basis for programs and policies

Focus on the country's major public health problems

Adequate human and financial resources

Adequate infrastructure support

Linkages and networks

Accountability

What are the actual effects of NPHIs?

# The study

- Scoping review of literature identifying publications during last 40 years to document NPHI discourse
- Key informant interviews
  - NPHI experts and stakeholders
  - Former and current DGs of NPHIs or similar institutions
  - Senior officials in ministries of health
- Commissioner advisory group: David Heymann (UK), Mahlet Habtermarian (Ethiopia), Deisy Ventura (Brazil), Alpha Ahmadou Diallo (Guinea)

Sample questions for discussion

## Do NPHIs contribute to:

- Better **coordination** in the health sector?
- Stronger **collaboration in the health sector**?
- **Policy coherence** among the three agendas of UHC, health security, health promotion?
- **Alignment** of national strategic plans or priorities?

And if yes – in what specific ways? What success stories exist?

