

3rd World Congress on

PUBLIC HEALTH AND NUTRITION

February 26-28, 2018 London, UK



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DEMOCRATIC PRIORITY SETTING IN HEALTH SYSTEMS AS AN ETHICAL IMPERATIVE FOR SUSTAINABILITY OF POPULATION HEALTH

Introduction: The ever-increasing evidence and technical developments supporting population health have not yet reached the goal of health for all. The decision making for population health has not led to optimally accountable, fair and sustainable solutions. Technical experts, politicians, managers, service providers, community members, and beneficiaries each have their own values, expertise and preferences, to be considered for necessary buy-in and sustainability. Some of these are well recognized and partly addressed, but those not addressed or hidden constitute vested interests that may be the main constraint for achieving population health. The increase of mortal conflict and environmental degradation are the main longer term threat to population health. Can the health sector advise on control of those health determinants ?

Within the context of the Sustainable Development Goals we aimed to assess and strengthen health systems outcomes and impact on population health and reviewed health systems literature by open web and PubMed searches.

Findings: We identified main characteristics of Health Systems developments from their first well documented development to date.

1. Hospital Services and Hygiene focused Public Health in the 1950's but coverage was poor
2. Better coverage by extended primary contact level services in the 1960's
3. Comprehensive health systems WHO technical guidance in 1974
4. Global health system by Primary Health Care from 1978 based on five principles - Equity, Cross Sector Collaboration, Appropriate Technology, Community Participation, Focus on Prevention.
5. Fragmentation into selective primary contact level programs in the late 1980's
6. Service and intervention efficiency from 1993 based on Disability Adjusted Life Years.
7. Sector wide and uniform global programs being main donor approaches from around 2000
8. Localized developments to include values, ethics and more user inclusive priority setting in early 2000's. Accountability for Reasonableness conditions of relevance, publicity, appeals and revisions.
9. Provision improvements from about 2010 by Systems Thinking and Universal Health Coverage
10. Sustainable Development Goals by 2016 associated with One Health for humans, animals and the environment and with Health in All Policies. A revival of 3. and 4. ?

Conclusions: Based on findings key themes emerged which need to be addressed for the health sector to optimally support achievement of not only the health targets of SDG three, but also health related targets of other SDGs. They are: Accountability in priority setting, control of vested interests, ethics imperative for population health of similar or higher importance than individual care ethics, and sustainability by applying more democratic mutually committing processes throughout societies and internationally.

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The One Health approach and an Accountability for Reasonableness type of process guidance can lead towards addressing a broader range of health determinants. Global health depends on health of the globe.

Biography

Jens Byskov graduated from the University of Copenhagen, Denmark as a Medical Doctor with later specialty in Public Health, and from London School of Tropical Medicine as MSc in Community Health in Developing Countries. He has worked with research and capacity development for health systems within the Danish Institute for Health Research and Development and has been residing in African countries over 10 years. He has coordinated multi country health systems studies. Being Emeritus from the University of Copenhagen he works as a research and health systems technical advisor in the School of Public Health of the University of Zambia.

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