ASIA & THE PACIFIC
POLICY SOCIETY

Summary of Findings & Conclusions and Reflections on the Conference

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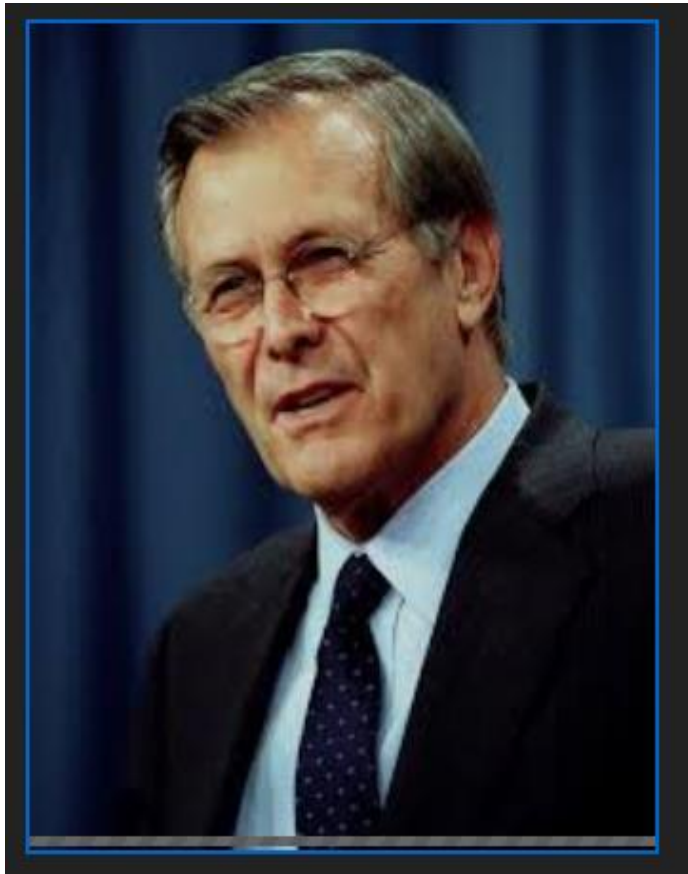


Donald Rumsfeld
US Secretary of Defence
1975-1977, 2001-2006

KNOWN KNOWNS: ***things that we know that we know:***

1. PICs suffer from a double burden of chronic and communicable disease - they are interlinked and they may be areas we have not considered (e.g. nutrition/stunting, mental health, violence & road traffic injuries), natural disasters)
2. The poorest quintiles of the population are disproportionately affected by NCD and water/sanitation problems
3. Global and regional responses are important, but countries must take responsibility for strengthening national health systems which should be inclusive (**private sector**, CSO, **church**, etc), accessible, accountable, holistic, fair, equitable, non-discriminatory , financially sustainable, open to innovation and have robust information systems (*"governments squarely in the driver's seat"-Tenneth*)
4. There is fragmentation, duplication, volatility and lack of harmonisation of donor aid which often ignore countries' priorities, readiness, absorptive capacity, need for systems strengthening and the need to 'help countries help themselves' *("works only if there is local receptivity"-Bill*) (*Paris Declaration principles-Peter*)

5. We must continue to strive for (1) monitoring & evaluation of programmes ("learn as we go"-Bill); (2) more robust research to provide more **high quality evidence** which, in turn, must be **taken up** and translated into policies which are successfully implemented (*"more evidence is needed to understand if this spending is making a difference"-Colin; "the challenge is implementation"-Roger*)

6. Rising healthcare costs necessitates PFM reform at all stages of the cycle (based on government and donor funding sources) focused on **improving efficiency**. Challenges include credibility & trust, fraud & risk, reliable data, tracking & reporting, decentralisation, poor understanding of how the system works, delays in funding flows, **political economy** issues, etc. But policy must be turned into spending…(*Beth*)

KNOWN UNKNOWNS: ***things that we now know we don’t know:***

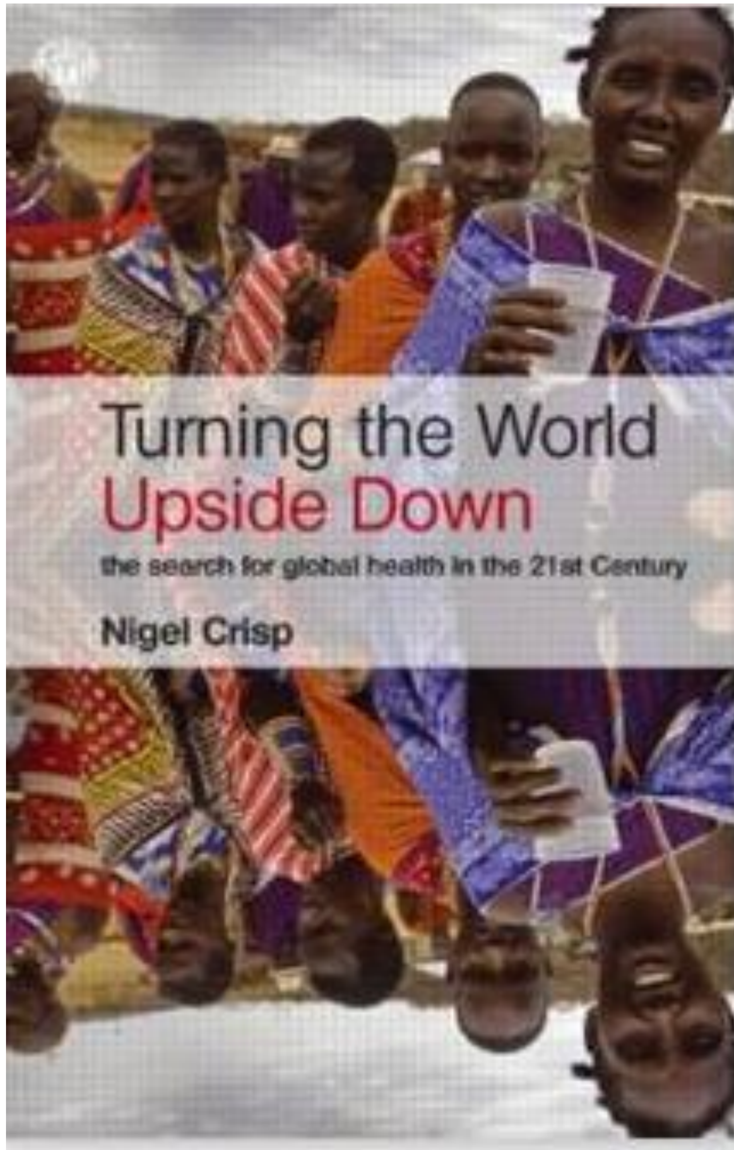
1. Is regionalism the best paradigm for more effective foreign aid in dealing with NCDs? (“*Regionalism is a foreign concept”-Tess*)
2. What will be the key indicators and targets for NCDs and HSS within the SDGs? Will it take into account countries’ views? How will it influence future donor policies? How will UHC be measured?
3. What is the best way to achieve ‘**coordination**’ , **‘convergence**’, ‘**collaboration**’, ‘**harmonisation**’ and ‘**integration**’?
4. What are the best ways to engage local communities to better understand , and be sensitive to, cultural contexts , e.g. overcoming behavioural challenges in dealing with NCD and water/sanitation issues?
5. What is the most appropriate mode of **governance** given the complexity of the NCD issue? Is it *multi-level governance (Adrian*)? *Pooled regional governance (Tess)? Compacts (Charmina)?* Is it structure or process? Sectoral or systemic? (some common criteria for good governance: inclusive, inter-sectoral, accountability, legitimacy)

UNKNOWN UNKNOWNS: ***things that we do not know we don't know:***

1. Will there be more non-traditional donors in the future and alternative sources and modes of financial support?
2. Are there other values we do not know about that would better guide our future strategies? e.g. instead of health outcomes, economic growth and development, are we better served by moral-ethical values, e.g. '*the right to health*' (*Roger*)? Are there other values? Where would we look?
3. Are we asking all the right questions on **how to effect strategic change** and do we have the right tools to answer three of these questions: *'what is implementable?' (Bob), 'who owns this issue?' (Bill) 'how to change the conversation with donors?'- (Peter)*

UNKNOWN KNOWNS: ***that which we intentionally refuse to acknowledge that we know:***

1. Recipient countries are almost never consulted in how foreign aid funding decisions are made (“*works only if there is local receptivity”-Bill*)
2. In some countries there is simply no political will and commitment to curb the use of tobacco products
3. We know that some existing, integrated mechanisms work well and that we should try to work with them (e.g. AngliCare, IMCI) but hubris and pride often leads us to try and reinvent the wheel(!) (“*doing new things without knowing whats already come along”-Tess*)
4. Are **public policy** dimensions of tackling NCDs given a high enough priority within foreign aid agencies? Why? How do we change it?(*Jane*)
5. Is there a basic, fundamental flaw with the western model of development aid?


Turning the World
Upside Down
the search for global health in the 21st Century
Nigel Crisp

"If you want to go fast, go alone.....
If you want to go far, go together....."

如果你想健步如飞，孤身前进。
众志成诚，路，才能走得长，走得远。

Dr Margaret Chan,
WHO Director-General
March 19, 2008