

*Deeper Look March 2017, Global Health and the SDGs, Patrick Fine, Muhammad Pate*

*Patrick Fine:* Hello, and welcome to the *Deeper Look* podcast. I'm Patrick Fine, CEO of FHI 360. For new listeners joining us, this year, we've been discussing the sustainable development goals, or SDGs. For this month's podcast, I have the pleasure of speaking with global health expert, Dr. Muhammad Pate. Dr. Pate, welcome.

*Muhammad Pate:* Thank you, Patrick.

*Patrick Fine:* Dr. Pate is a former Minister of State for health in Nigeria. He's provided direction and policy oversight for Nigeria's primary health care system and established a global coalition of private and public partners to support Nigeria's improvement in basic health care services. He's also credited with Nigeria's bold efforts to expand vaccinations and access to essential health care services for women and children through the Saving One Million Lives initiative.

Dr. Pate is currently CEO of Big Win Philanthropy, an independent foundation that invests in children and young people in developing countries to improve their lives and to maximize demographic dividends for long-term economic growth.

Dr. Pate, I know that you're also deeply involved in civil society in Nigeria. You have your own organization that works with traditional leaders in the north to promote economic and social development. You are an adjunct professor at Harvard and at Duke University. I know you just completed offering a course at Harvard's School of Public Health.

Your experience provides you a unique perspective on the challenges of global development in the 21st century. You've worked as a policymaker, you've worked at the grassroots level, you've worked as an academic. We are just entering a new year. There is a new administration coming into office in the United States. We have seen significant political changes across the globe, both in Africa, in Europe, and in the U.S. What do you see as the emerging trends that will shape the work of addressing human development challenges in the coming year?

*Muhammad Pate:* Thank you Patrick for this opportunity to discuss with you these issues which are very important. The MDGs have been a tremendous force for rallying the international community's nation states around important issues on health, and we're now beginning the next journey of the SDGs.

At this point, I think the challenge is ensuring that we have completed what we started, the successes that we have experienced doing the MDGs, into the future so that the SDGs will have some better chance of being more successful.

For instance, when you look at maternal and child health in many countries, there were efforts, and the progress has not been as we had hoped with regards to the MDGs. With HIV, TB and malaria, we've seen tremendous progress in HIV in terms of incidence of new infections. But, we have not seen as much progress in terms of getting universal access to treatment. Similarly, with malaria, with TB, if we relent, these infectious diseases can easily come back, and that would be a huge disservice to the previous efforts, but it would be a missed opportunity for the global community in the long run to deal with the health of our populations and in fact achieve the SDG goal three.

*Patrick Fine:* And do you think that the structures we have in place now, both the national government structures and then the multinational structures, are tooled to continue that work, to maintain the progress, and then to carry it forward in the coming year to achieve the SDGs?

*Muhammad Pate:* I think that there are institutions in the global space that have been built around specific agendas, which have played an important role in the area of the MDGs.

In the current area of the SDGs, those institutions will need to find a way of working together. I talk about institutions like the World Bank, African Development Bank, WHO itself, the Global Fund, GAVI, Global Financing Facility for Maternity and Newborn Child Health, the Global Pandemic Preparedness Facility that has been talked about post-Ebola, all those institutions have an important role in specific domains.

But, when you look at the broader health sector agenda on the global stage, they need to work as a network of institutions where they have complementary advantages that they can bring to bear in helping countries achieve the progress that is desired. These multilateral institutions will need to also work in an environment where the bilateral institutions have to continue to play an important role in helping countries.

At the end of it all, the domestic agenda has to really own the specific targets for their countries. Countries need to put in their finances, they need to drive accountability by themselves for results, but also as part of this wider global community.

*Patrick Fine:* So, one of the controversies in the formulation of the SDGs: There are 8 MDGs, three of which focused on health. In the SDGs, there's 17, and only one focuses on public health, and so there has been a sense among some advocates that the focus and the priority of addressing health challenges has been diluted in the SDGs. What's your view of that?

*Muhammad Pate:* I think the MDGs have been really one of the most significant things that we have done as a global community to really rally around particular set targets, and with that we've seen tremendous progress.

But the SDGs have come, and there's one that you might call a specific health target, but I don't take that as a criticism. When you look at the targets of that health SDG, all the unfinished, the key elements of the unfinished MDG agendas are there. In addition, things like non-communicable diseases are there. Things like access to reproductive health, universal health coverage are also there. So, it's elevated into one SDG goal with several targets that are very specific.

When you look at the other SDG goals also, they are all interrelated to a large extent to attainment of health. So, it's taken health from really specific public health to really a healthier public policy space, so that it's not just about what we can do in health, but how health contributes to everything else. So, it gives it the opportunity to weave health within the contents of broader development of societies.

*Patrick Fine:* Right.

*Muhammad Pate:* Socioeconomic development. So, I think that's a positive thing. The challenge will be how to customize the targets within particular regions, because they apply in one region more so than in others, and within particular countries and even within countries, there are segments of society that may be far left behind, to ensure that those are actually built in.

*Patrick Fine:* So, this is very interesting, because if you look at the SDGs, one of the things that distinguished them from the MDGs is that they imply a more integrated approach, which is the point that you're making. But you're going beyond that to say that that integration has to be driven at the country level and even at a sub-regional level, so at a state or provincial or district level, depending on the country.

*Muhammad Pate:* Yes, Patrick. You see, global partnerships never get traction if they are made in New York, Geneva, London, or the national headquarters. Rubber hits road at the country level, at the community level, at the facility level. These global institutions ought to find ways to support national governments around their own plans, but with a focus on results, not necessarily on early processes or inputs, but results that matter to achieve the targets that have been set. So, those partnerships are important in mobilizing resources at the global level, but the integration ought to be driven particularly at the country level.

*Patrick Fine:* I think this idea of network global governance for those institutions, both national and multinational, that are working to address public health challenges, is a really important concept, and it's not one I've heard discussed a lot. What do you see as some of the tools or the ways to create that network or to facilitate the operation of such a network?

*Muhammad Pate:* When you look at global health today, if we think of a singular agency like the WHO operating at a hierarchical government structure that actually dictates where to deal with Ebola, what to do with Zika or – I think we're missing an important opportunity to harness other important institutions that play a complementary role – CDC, the Global Fund, World Bank, GAVI. Acknowledging that that network needs to be better organized, taking into account the complementary advantages of those various institutions, building where they are strong, and allowing others that may not be as strong to play where they are strong.

*Patrick Fine:* I think that's a powerful idea, and it seems like it's one where WHO would probably take the lead in terms of bringing together, convening the different institutions and the national leaders around a vision for network to governance so you can get that convergence of the international with the national around the country's own development plans and strategies.

*Muhammad Pate:* I think WHO has an important role, and each and every member of that network also needs to look really beyond their own specific mandate. They need to focus on delivering on their mandates, but they also need to acknowledge these other players.

*Patrick Fine:* Do you think that takes a cultural change in the organizations?

*Muhammad Pate:* I think with the SDGs, if we're to succeed, that cultural change ought to happen, and it should happen. And that's where leadership comes into play.

*Patrick Fine:* You know, one positive development in that regard is that the new Secretary-General of the UN, Guterres, comes from an organization that by its very nature had to take comprehensive approaches. They didn't do siloed kinds of work, they did integrated kinds of approaches that looked at where people were, had a people-centered approach, and then brought together different specialized agencies and different organizations to meet the needs of the people. I wonder if his leadership and his orientation and experience will contribute to the kind of vision that you're describing of a more comprehensive approach that brings together different, different organizational mandates into a coherent strategy.

*Muhammad Pate:* In his role as head of the U.N., but also [as a] driver of the SDGs in this first phase, I think that view, that vision that he has will be an important rallying point for others to actually follow. We look at the world in a far more integrated way, but without losing focus on the need to achieve results. Comprehensiveness ought to be linked to particular, tangible results that should be achieved in terms of outcomes, in terms of health targets in terms of results for populations in particular countries.

*Patrick Fine:* Right, and that needs to be targets that can be measured.

*Muhammad Pate:* Yes.

*Patrick Fine:* You're the head of Big Win Philanthropy, so you work across sectors now even though you're an eminent physician and your background is in public health, you have a broader perspective than just public health. Looking at Africa in particular, what do you see as the overarching human development challenges that we as development professionals ought to be singling out and prioritizing?

*Muhammad Pate:* I think there are at least four or five transitions that are happening in Africa concurrently.

*Patrick Fine:* Mm-hmm.

*Muhammad Pate:*

One of course is political transition that we are seeing, which has evolved in a very good way, except for some few recent examples, like the Gambia. You also have a demographic transition that is happening. In many countries, the youthful population is growing, but fertility is also declining in some areas, so the structure of populations in the future would be one where the prospect for having a demographic dividend is real. And that demographic transition has implication for economic transition as well. Because then the prospect of economic growth could be much brighter if investments are made in human capital and enabling environments are such that the youth will get jobs and will contribute to economic development.

Along with that, we're seeing rising non-communicable diseases and other diseases, in addition to still a heavy burden of HIV, TB, and malaria and other infectious diseases. So all those transitions imply that certain investments that ought to be made by countries have to take a much longer horizon in terms of where the countries and the continent are going. When it comes to health, dealing with the outstanding issues – having basic primary health care systems, moving to universal health coverage, dealing with the epidemics – will be very key.

But when you take the health transition and you apply it to the context of children surviving and ultimately going to school, they need to be educated. They need to be educated to have the skills that they can apply in the labor market.

Now, the educational systems in the continent as I have come to learn have not really been the most relevant or have provided the most relevant skills for youth, because you have many educated youth that are unemployed. So really, looking at the educational space on the continent, to be able to give the requisite skills for those burgeoning youth that will survive childhood into adulthood to be responsible, economic participants in their societies will be key.

And the conversation around education then is not just about textbooks and buildings and desks, but it's about the curriculum, the teacher quality, but also the relevance of that toward the labor market needs.

*Patrick Fine:*

Right.

*Muhammad Pate:* Governance is also another important dimension, because many of the countries in Africa are resource endowed, but they haven't harnessed those resources to the extent possible to develop critical things that will enable their economies to prosper. Infrastructure for instance, and that is linked to governance. And with the rising youth population, with the issue I have mentioned about unemployment that might be out there, without solving the governance issue, you might actually have a very difficult circumstance in the future. So, I hope that African leadership — both at the continental level, but also at the national levels — will really pay attention to these longer-term things, which are not going to be solved by short-term oriented decisions.

*Patrick Fine:* Right, right.

*Muhammad Pate:* Because politicians tend to make decisions around four-year cycles or at best eight-year cycles, but this has difficulties that will manifest in 10, 15, 20 years' time.

*Patrick Fine:* Right.

*Muhammad Pate:* And some attention needs to be paid to solving them right from now.

*Patrick Fine:* So I'm very pleased that you framed this in terms of the transitions that are taking place, and that's how we started this conversation, talking about entering the new year and the transitions we see ahead of us, and you've outlined some megatrends that are occurring on the African continent.

There are some priority focus areas that I see come out of what you just described. One is a focus on fertility, so family planning and women's reproductive health as a way of addressing the demographic dividend and shaping it in a way so that it becomes a dividend, it becomes a net positive for the society, and doesn't become a poverty trap where you've got the demographic structure of a society shaped in a way that you don't have enough people of productive age to support those who are very young or very old.

Second is the issue of workforce development. That really gets at this whole question of the growing youth bulge, also linked to demographic dividend, linked directly to fertility and the need to address the aspirations of youth for something productive to do.



And I hear that whenever I talk to leaders in African countries and I ask them what their biggest concerns are and what their main priorities are, workforce development or addressing the need to create productive employment for youth always comes out as the number one concern on people's minds.

Then you mentioned universal health coverage and linked it to universal education. So, if you think in terms of what society provides to give people the tools to lead productive lives and have opportunities, having healthy lives and then an opportunity to be educated, are two pillars of a productive society.

You mentioned governance. A lot of the research shows that in order to get those pillars established of a healthy society and create the opportunities for productive lives, that that depends on the governance and the policy environment. Yet that's the one area which is the most sensitive, understandably, for international actors to engage on because of concerns about sovereignty. What's your view of that? It's something I've struggled with my whole life, which is not to be too intrusive into a country's sovereign affairs, but also to be realistic that, underlying the ability for people to have opportunity and productive lives, there has to be a conducive policy environment.

*Muhammad Pate:*

I think, in the current state-based global system that we have, respecting national sovereignty is the key. But having said that, national leaders ought to create a culture of governance that re-establishes or enforces continually the legitimacy of the state by it being effective, by delivering on the aspiration of its people, by how they come into government, by being inclusive, by protecting the rights of their populations wherever they are. By ensuring that public resources are channeled appropriately and invested in the right ways — basic education, basic health.

I think those core principles are almost universal. Universal access to health, universal [access] to education, I think that [these are] universal aspirations of all human beings to be governed in the right way.

And at the root of it all that would be what will lead to a just, peaceful society. National leaders or authority figures who choose not to follow that route, the truth is that they will be stunting the

developments of their countries, and so it's in their own interest to actually deal with that.

But for the global community, to continually point to where there are lapses. That doesn't mean superseding the sovereign rights of states, but it doesn't also mean by succumbing to the accession of sovereignty, global partners fold their arms and encourage states that actually have failed in terms of establishing a proper governance in their own domains, or do not have necessarily the legitimacy that they claim with their people.

*Patrick Fine:* I think it's the appropriate vision. To achieve that really takes great skill at threading a diplomatic needle in order to be able to speak frankly with colleagues and counterparts about where there are weaknesses and to be heard and to do it in a way that's not threatening, that's not arrogant, but that is genuine and professional, and that can lead to a collaborative approach to taking action that improves people's lives.

*Muhammad Pate:* Yeah.

*Patrick Fine:* I foresee that in the coming decade, there will be a movement for health for all under the auspices of universal health coverage, just like in the '90s, the international community and countries around the world prioritized universal education or education for all.

*Muhammad Pate:* Yes, I think it's an aspiration. It's one of the SDGs, and it's a destination that all countries should head to. How they get there might be different from one context to the other. Provided we accept that at the end of the day, health is a human right, basic health should be part of what every human being should be guaranteed regardless of ability to pay.

So the configuration of how people get or how lives get covered can differ depending on the structure of how a country is governed. It's just not acceptable in this day and age for a wealthy country not to be able to cater to its weakest and most vulnerable members of society. So the federal government, in collaboration with the state, ought to be able to step in and actually do that.

I don't have any particular route for how countries get there, but I think that every country should strive to cover all its population and guarantee them access to basic health services regardless of their ability to pay.

*Patrick Fine:* Right.

*Muhammad Pate:* Because doing that, it's the right thing to do, it's the right thing to expect as a human being from your state, but also there is self-interest in there, because if you protect these, all the populations that may not be able to afford it, from things like immunization, if they're not immunized, you can actually affect other people as well.

*Patrick Fine:* Right. For sure. There's also just increasing the productivity of your own population by ensuring that they have access to health care.

*Muhammad Pate:* Yeah.

*Patrick Fine:* Dr. Pate thank you so much for this conversation. You've brought real vision to some of the megatrends that we can expect to see in development over the next 10 years. You've described the vision that is a rights-based approach, so it's a very humanistic, very compassionate and yet practical view of how to address some of the pressing human development challenges facing the world today. Thanks so much.

*Muhammad Pate:* Thank you for having me. I appreciate it.

*Patrick Fine:*

And thank you to our new and returning listeners for joining us today. I invite you to subscribe to the *Deeper Look* podcast on iTunes or SoundCloud and join us again for next month's episode.