



# LEADERSHIP FOR MULTI-SECTORAL ACTION IN HEALTH



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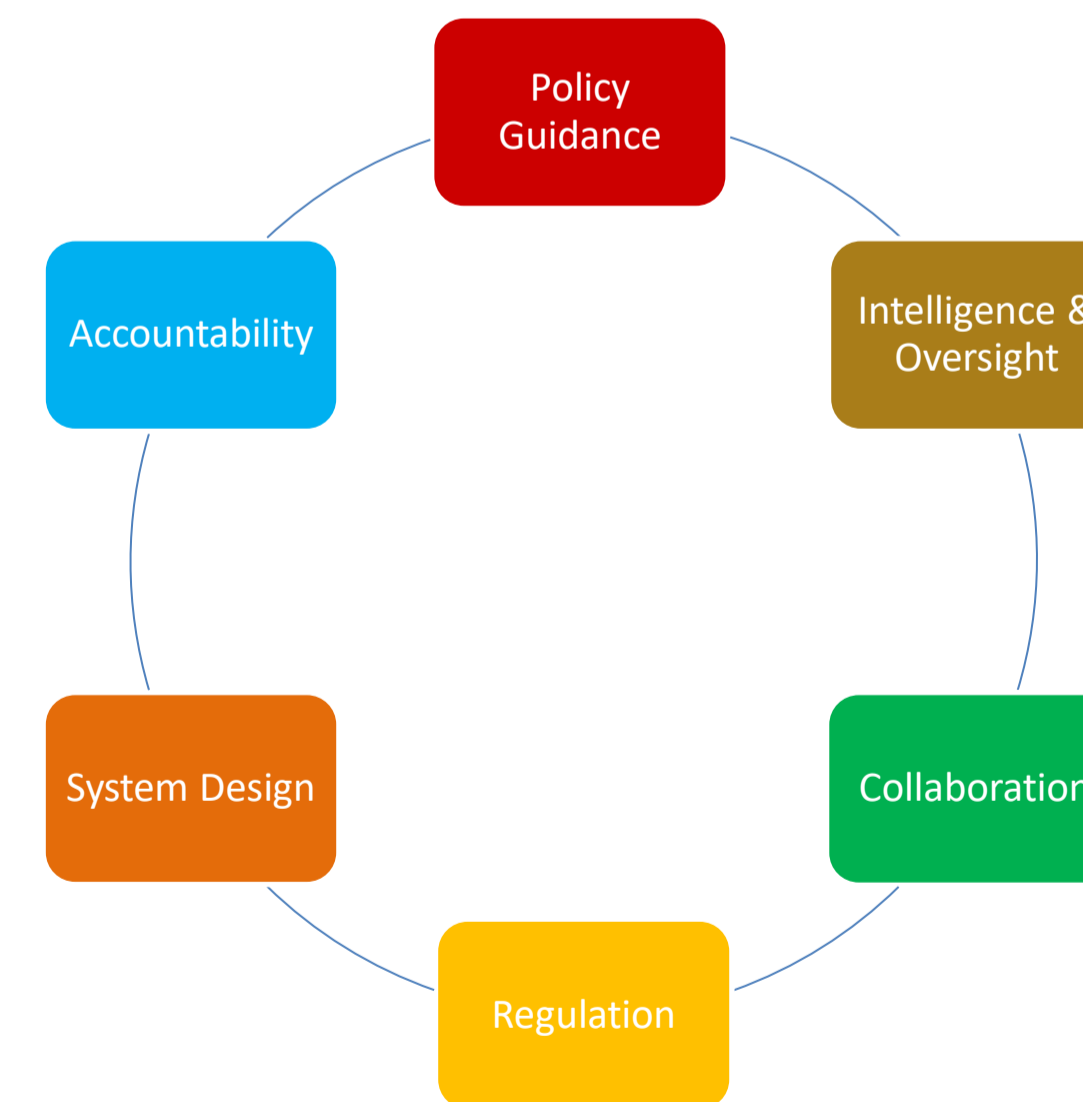
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## 1. Social Determinants Of Health

- Prior to the emergence of an organized health system, international health agendas focused on approaches relying on narrowly defined, technology-based medical and public health intervention.
- It was not until the 1978 Alma-Ata declaration on PHC that a social model of health was revived ensuing **Health for All** movement, which reasserted the need to strengthen health equity by addressing social conditions through **intersectoral programmes**.
- The late 1990s and early 2000s witnessed mounting evidence on the failure of existing health and social policies to reduce inequities.
- And the momentum for new, equity focused approaches grew primarily in wealthy countries.
- The concept of comprehensive primary healthcare that was advocated by the Alma-Ata declaration was incorporated by offering selective primary healthcare services in the decades of economic liberalization that followed.
- The persistent focus on vertical health programmes that started then carried over into this century, through the MDGs with the attempts to force fit well-intended vertical programmes into weak systems produced sub-standard results.

## 2. The Dynamics of Leadership

- It is widely acknowledged that the health system is a complex system because of the multitude of actors who are engaged within it.
- These include governments, academia, civil society, the private sector, humanitarian organisations, development organisations, faith-based organisations and communities themselves.
- The role of different actors extends variably across the sectors extending from agenda-setting and policy development to policy implementation and ensuring sustainability.
- Given the diversity of actors and their perspectives, the health system will see different actors playing different roles in knowledge generation, decision-making, advocacy, implementation and monitoring.
- Leadership in each of these areas contributes to the ultimate success of a public health initiative.



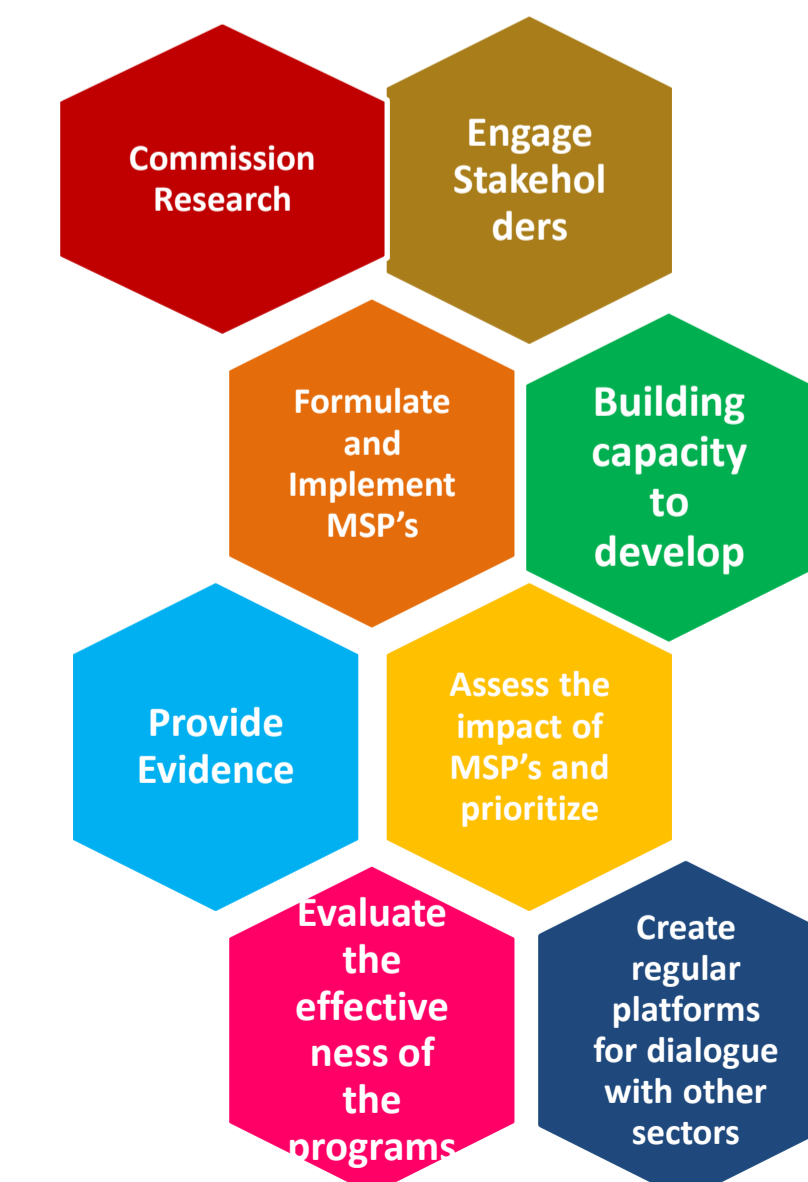
## 3. Leadership in Health

- An integral part of the health system building block.
- Leadership & governance in health system involve ensuring the strategic policy frameworks exist and are combined with effective oversight, coalition-building, regulation, attention to system design and accountability.

## 4. Putting Health in All Policies into Action

- **Setting priorities:** establishing the need and priorities across for Health in All Policy action. This is often a challenge for health policymakers because responsibilities are shared across sectors with unclear boundaries.
- **Identify supportive structures:** such structures and governance arrangements are critical to success but will also depend on local arrangements which may exist or need to be created.
- **Develop a framework:** identify data, relevant plans and policies. Setting objectives, identifying resources and developing strategies for implementation.
- **Engagement of actors:** not only throughout the process but also in research and policy making. This improves the understanding of the health issues and strengthens the capacity of all sectors to meet the goals.
- **Build capacity:** Promoting and implementing action across sectors requires skills that need to be developed and fostered in both the health sector and partner sectors.
- **Monitoring & Evaluation:** This is critical to building the evidence base for policy making.

## 5. Effective Leadership for MSA in Health



Reference  
 1. World Health Organization, 2016. Open mindedness: participatory leadership for health.  
 2. Rasanathan, K., Atkins, V., Meviusambo, C., Soucat, A. and Bennett, S., 2018. Governing multisectoral action for health in low-income and middle-income countries: an agenda for the way forward. *BMJ global health*, 3(Suppl 4), p. e000890.