Resolution-fatigue syndrome: the contribution of health policy and systems research to the SDGs

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The Global Symposium on Health Systems Research is a landmark biannual conference where health policy and systems research (HPSR) communities, including policy makers and other stakeholders, review progresses on research and the capacities to inform and influence health policies and systems. The 5th Global Symposium was held last year in Liverpool, which specifically considered the action and research needed to advance the health related sustainable development goals (SDG).

SDGs offer opportunities as well as challenges for HPSR to play a greater role in informing multisectoral actions for health [1] opportunities in terms of its multi-disciplinary approaches and challenges in terms of the increased complexity of multisectoral actions and addressing social, environmental and commercial determinants outside the health sector’s primary remits.

Despite numerous and repeated UN General Assembly Resolutions and High Level Political Declarations related to health, notably Resolution A/RES/72/139 calling for a UN high-level meeting on Universal Health Coverage (UHC) in 2019, A/RES/72/138 which proclaims December as International UHC Day, Tuberculosis (A/RES/73/3), NCD (A/RES/73/2), HIV/AIDS (A/RES/65/277), Road Safety (A/RES/70/260); there is insufficient progress in low- and middle-income countries (LMIC). This phenomenon, “Resolution-Fatigue Syndrome”, is underpinned by several root causes.

Key root causes include the lack of political and financial commitment to health which is reflected by limited access by poor households [2], and high levels of out of pocket spending on health leading to catastrophic health expenditures even by non-poor households [3]. The “know-do” gap [4] is founded on the lack of implementation capacity, weak and inequitable distribution of primary healthcare, high levels of absenteeism among health personnel [5], shortage of essential medical products, or high prevalence of substandard and falsified medicines [6]. Monitoring and Evaluation capacity to measure progress and public reporting are also inadequate to hold government accountable.

The solutions to the root causes of “Resolution-Fatigue Syndrome” cannot be solved by another UN General Assembly or World Health Assembly resolution. Controlling use of tobacco, alcohol and ensuring road safety require effective governance of multi-sectoral actions for health. The proposed strategies by Rasanathan, et al. [7] - in particular, managing relationships and conflicts between stakeholders and providing incentives for institutions and individuals to collaborate - require further adaptation to suit the socio-political contexts in different LMICs.

Lack of implementation capacities is a key challenge. For example, there are 1 and 12 full time equivalent staff working in tobacco control in Timor-Leste and Indonesia, each of which spent US$ 180 and US$ 0.56 million, respectively, on tobacco control. Yet both countries have the highest global smoking prevalence rates, at 43% and 39% in 2016 [8]. In contrast, with an adult cigarette smoking 13% in Canada; the government invested on 89 full time equivalent staffs and spent US$ 34 million in 2016 for tobacco control.

Table 1 shows the number of full time equivalent contributed to and government spending on tobacco control; among the top ten countries with the highest prevalence of adult smoking between 2000 and 2016. Clearly these capacities cannot make a change in stabilizing and reversing adult smoking prevalence.

While government action is weak, the “deep pocket” industries are strong. In the US, tobacco companies’ spending on cigarette advertising and promotion increased from US$ 8.03 billion in 2014 to US$8.24 billion in 2015, mainly as a result of the price discounts given to wholesalers to reduce cigarette prices and so, boost sales volume [9].

The unethical practices of tobacco company lawyers in concealing evidence of tobacco harm to the public and their aggressive and threatening litigation have prevented many governments from taking tough measures [10]. A few young and inexperienced government lawyers cannot fight back thousands of lawyers in international law firms hired by the tobacco and alcohol industry.

Even in countries having relatively higher capacities such as in Thailand and Australia, industry has filed law suits against these governments for increasing the space given to health warnings to 70% of front and back package areas (Thailand) and plain packaging (Australia).

The few drops of current government effort cannot address the sea of challenges. Yet one sign of hope lies in the HPSR community, which seeks to produce and provide local knowledge to country leadership to counter the arguments and influence of those who work against

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