Public Health Leadership and Governance in Small States

Implementing Health 2020 WHO Andorra meeting July 2015

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Overview

- The Islands and Small States Institute
- Leadership and governance in small states
- Resilience, Adaptability, Innovation
- Public health leadership
- Building policy capacity in small states

Islands and Small States Institute



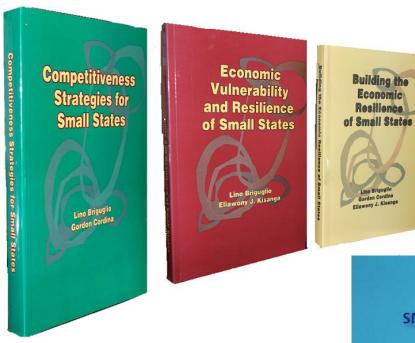
Research Profile

- Economics
- Environment and Climate Change

• Vulnerability /Resilience Index

- Commonwealth
- World Bank

ISSI Publications



SMALL STATES AND THE PILLARS OF ECONOMIC RESILIENCE

> Lino Briguglio Gordon Cordina Nadia Farrugia Constance Vigilance

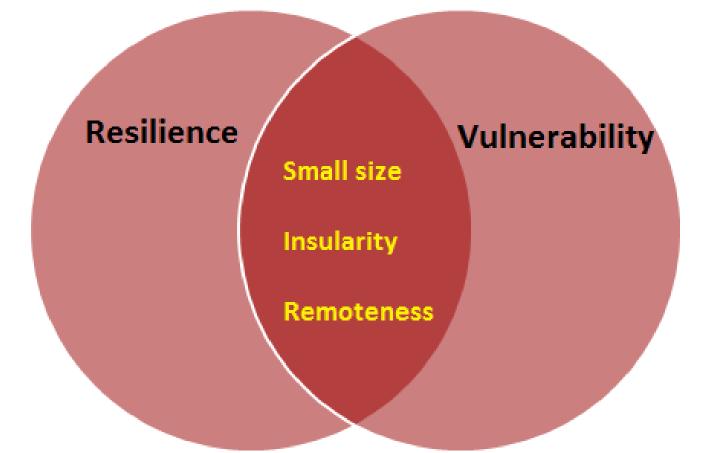




Vulnerability/ Resilience

- Small states must overcome (inherent) vulnerabilities
 - Size, location, power asymmetry, economic shocks
 - Capacity constraints
- Resilience building (man-made)
 - Strong governance, responsiveness, social capital, corporatism, strategic organisation

Health Systems



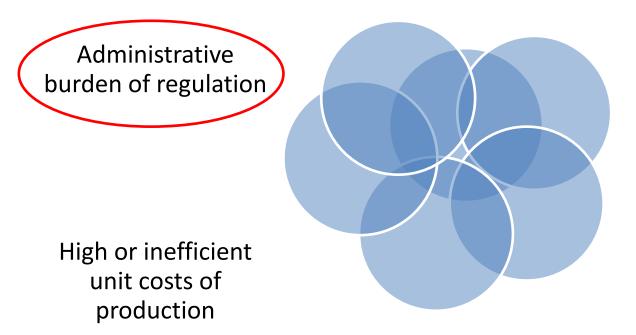
Small Population

Limited contributor pool in sharing pop. resources (gene types, organs)

Difficulties with rare diseases: not enough patients to justify availability of treatment Quality issues associated with low throughput Deskilling

Inability to offer all services esp. highly specialised care

Small Economy

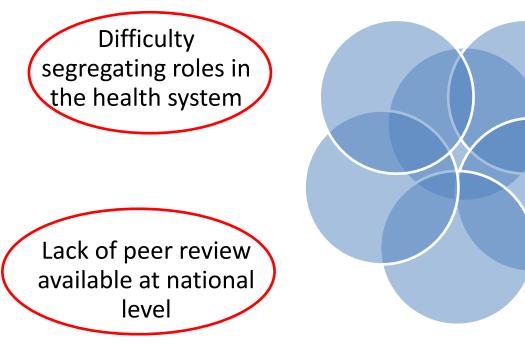


Lack of competition between providers

Lack of interest by industry to place medical goods on the market

High prices for medicines and medical supplies due to small volumes of consumption

'Insularity'



Quality issues may remain unnoticed

Access to innovation may be delayed

Lack of mobility stagnation

Policy capacity

- Concept of action competence
 - Internal capacity
 - External capacity

Empirical evidence (Briguglio et. al.)

Resilience building

Small states in the International Arena

• Passive adopters

• Industrious agenda setters

- Role of small states as
 - Norm entrepreneurs
 - Mediators
 - Honest brokers

Norm entrepreneurs

• Unlikely to have significant vested interests in large multinational corporations

Viewed as neutral promoters of public health values

• Models for inter-sectoral cooperation

Public health leadership competences

- Systems thinking
- Political leadership
- Organisational learning and development
- Collaborative interdisciplinary leadership
- Leadership and communication
- Leading change
- Emotional intelligence
- Ethics and professionalism

Perspectives on public health leadership in small states

• Preliminary results from qualitative study conducted in Malta in 2014

- In depth interviews with 33 stakeholders
 - Public health leaders, clinicians, politicians, academics, civil society

Strengths & Opportunities

- Social ecology (everyone knows everyone)
- 'Helicopter' view
- Direct access to politicians
- Short distance between research, policy and practice

Whole of government / whole of society approach

• Corporatism (Katzenstein)

Joint up government and society

• We should expect that this approach would be easier to implement in small countries

Weaknesses threats

- Lack of strong and independent public health institutions
- Administrative and regulatory burden
- Lack of implementation capacity
- Conflicts of interest
- Conditioned by alliances with larger states
- Lack of voice and capacity in civil society checks and balances missing

Resulting effect

- Need to prioritise effort and resources
 - Limited possibility to push forward several initiatives at the same time
 - Focus on mandatory initiatives

Effective strategies

- Building external review and support
 To ensure quality
- High level of participation in European networks and organisations
- Honest and candid approach to implementation early on in negotiations