Case 2: Health governance
The Herceptin case in the UK illustrates the complex interactions between efforts by sufferers of a disease to secure treatment and the producers of a product to promote its use. Huge publicity ensured this new treatment for breast cancer was evaluated by the National Institute of Clinical Excellence in record time, some say before sufficient evidence was available as to its efficacy or safety. In one account, a prominent academic revealed how a drug company offered her treatment if she would pressure her primary health care trust to pay for this form of treatment. How will this kind of dynamic play out as the prevalence of chronic diseases grows around the world? How will governments decide which treatments to fund?

“Institutional arrangements need to give voice to the concerns of the poor, while enhancing resilience and robustness in this dynamic world”

More reading


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Credits
This briefing was written by Julia Day.

About the STEPS Centre
The STEPS Centre (Social, Technological and Environmental Pathways to Sustainability) is an interdisciplinary global research and policy engagement hub uniting development studies with science and technology studies. We aim to develop a new approach to understanding, action and communication on sustainability and development in an era of unprecedented dynamic change. The STEPS Centre is based at the Institute of Development Studies and SPRU Science and Technology Policy Research at the University of Sussex with a network of partners in Asia, Africa and Latin America and is funded by the Economic and Social Research Council. Find out more: www.steps-centre.org

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Pharmacist, Zamzam IDP Camp, Sudan / Sven Torfinn / Panos
Rapid change
At local, continental and global scales, health is central to sustainability: major health problems can damage the resilience of households and of whole societies. The dynamics of human health are inextricably entwined with social and environmental change.

Human ecology has been changing rapidly since the industrial revolution, with the emergence and re-emergence of major health challenges such as HIV, Avian 'flu and drug resistant tuberculosis. More such challenges are inevitable: human and domestic animal populations are growing and increasingly living in densely populated areas in conditions that have major consequences for interactions with potential pathogenic organisms.

At the same time — and especially since the mid 20th Century — knowledge and the capacity to apply it towards the achievement of human purposes has developed rapidly. The effective use of relevant knowledge to address health problems has made an important contribution to the quality of people’s lives. We can anticipate the needs for new knowledge to address the inevitable health challenges that will arise.

“The dynamics of human health are inextricably entwined with social and environmental change.”

Health amid dynamic systems
Health today is strongly conditioned by interlinked social, technological and ecological contexts and their interactions with shocks and stresses. These dynamics unfold in different ways in different places, shaped by particular histories. Short-term shocks such as war and civil disaster, long-term stresses such as ecological change and long wave events such as the HIV and AIDS pandemic are disturbing already dynamic health systems. Responding to these shocks, stresses and events constitutes a major challenge. As a system’s response to shocks and stresses is key to its sustainability, a more complex and dynamic perspective on human-disease-ecology-technology interactions is needed. Much current thinking around policy, institutions, management and regulation does not adequately account for this dynamic reality.

Addressing health governance challenges
Rethinking governance approaches in relation to health is essential. Pluralistic health systems in the 21st Century create major uncertainties for people seeking appropriate providers, can produce overly optimistic expectations of technology, give influence to market actors with advertising power and assume social and political stability (See Case 1). They also create major financial barriers to access to care. The most common response to these challenges has been calls for regulation and ‘better’ governance. Meanwhile health-related knowledge is changing rapidly. Citizen and advocacy groups and governance networks drawing on critical ‘lay’ perspectives and experiential expertise are emerging (See Case 2). And a wide range of trans-national organisations supply services and seek to influence the governance and regulation of health systems. These developments are creating new kinds of networks linking states with local and international health actors.

Towards pathways of Sustainability
Dominant models of health problems and responses and the realities of complex systems dynamics are mismatched. Not only it it possible for interventions to be wasteful and ineffective, but they could work against the interests of poorer and marginalised people. Approaches are needed that acknowledge dynamics, while avoiding policy paralysis because it all seems too complicated. We need to develop a learning approach for responding to major health challenges that takes into account local contexts and the influence of a variety of actors on outcomes. Competing scenarios for the development of responses to health challenges are coming to the fore as the 21st Century unfolds: The reconstruction of state capacity and emergence of national and global public health systems organised and financed by governments further growth of structural inequality and so-called ‘gated city’ models of public health, with certain populations enjoying health services at the cost of social justice Global health governance reconfigured around a consensus on critical global and local health threats linked to understandings of dynamic systems, and adaptive ways of responding to them that address the priorities of the poor Global governance captured by corporate and contending multilateral interests.

Key issues for future health systems
The STEPS Centre’s work seeks to contribute to the development of institutional arrangements that give voice to the concerns of the poor, while enhancing resilience and robustness in the face of shocks and stresses in this dynamic world. Moving towards that goal requires research approaches that attend to several key issues:

Responses to complex, dynamic disease ecologies

The inter-relationships between social, technological and ecological dynamics in the generation of health challenges and responses to them must be explored. Resilient strategies that deal with shocks, stresses, long wave events and help people escape from low efficiency-low health vicious circles are needed.

Reconfiguring governance for an uncertain world

New approaches to health governance are needed that recognise and respond to the changing interactions of multiple institutions, actors and networks. These should take into account the political economy of social arrangements and knowledge and framing. Ways of applying these approaches in settings of extreme inequality and vested interest must be explored.

Constructing pathways to Sustainability in diverse contexts

How responses to specific health challenges can be constructed in ways rooted in, and appropriate to, diverse contexts while building pathways to Sustainability for those with little economic or political power, must be addressed.