



Healthier lives for **all**

As an internationally-recognised advocate for global health, Dr Christine Sow is well positioned to confer important developments within the healthcare landscape in the US and beyond. Here, she discusses GHC's presence as a powerful force in healthcare, providing a window into its role in influencing global health policy, advancing the global health agenda and developing policy and funding recommendations to inform US global health prioritisation



Dr Christine Sow

Executive Director, Global Health Council

Could you discuss your background and how you came to be involved with the Global Health Council (GHC)?

I started public health work as a technician – first working as a demographer and then later as an epidemiologist focusing on HIV surveillance within at-risk populations. From there I was fortunate enough to move into policy development and systems strengthening while living in Mali. I have spent many years in West Africa and am honoured to have worked with individuals and professionals who are incredibly dedicated to improving the lives of their communities. They've been the real inspiration for me to advocate within the US global health community for increased visibility, better policies and greater investment. The US development community has so much to contribute and I hope that my work can help increase its efficiency, effectiveness and strategic impact.

I have been a member of GHC for many years and always saw it as the 'go to' organisation for institutions and people working in global health. I've been very appreciative of how GHC has been able to provide a unifying space for dialogue around global health issues, policy and programming and am privileged to be able to take this mission forward.

What is GHC's mission and why is GHC such an important force in global healthcare?

At GHC, we envision a world where health for all is ensured through equitable, inclusive and sustainable investment, policies and services. GHC is the shared voice of the global health community – it facilitates critical discussion around global health priorities; advocates for improved investments and policies to advance the global health agenda; and supports its members to work toward equitable, inclusive and sustainable solutions to global health challenges.

As a membership organisation, GHC has representation in a variety of sectors and from major players across the field of global health. As such, we strive to enhance our member's work and serve as an information and communications platform to share best practices, coalesce around critical global health issues and organise the global health community's advocacy efforts to ensure robust investments in health programmes in both the US and around the world. Our primary functions incorporate what we call the 'three Cs': convening, communicating and constituency-building in support of global health.

What does your role as Executive Director entail and how do you hope to use your expertise to increase the Council's impact?

I work closely with the Board of Directors and membership to guide the evolution of GHC and make sure it is accountable to its constituency and fulfilling its mission. That means closely tracking and advocating for emerging trends in the field of global health, including funding levels, developments in policy and programming, and health-related issues that may not be receiving the attention they merit. The fact that I arrived at the position after many years of working both as an implementer and a donor means that I bring first-hand perspective to the issues we are confronting – I understand the pressures faced by donor agencies in deciding where and how to invest their financial resources, as well as the operational challenges confronted by health professionals on a daily basis.

Can you give an insight into some of the obstacles faced by developing countries in building effective health systems. How does the GHC help overcome these difficulties?

This is a major challenge for our low and middle income (LMIC) country partners. It is also an issue that has the growing attention of donor governments, civil society and even the private sector. One of the major challenges that LMIC countries face is creating health systems that have the capacity to deal with the changing nature of the burden of disease. As demographic profiles change, populations shift from being predominantly rural to predominantly urban, and as the prevalence of chronic and non-communicable disease increases, countries are faced with the challenge of adapting already overburdened health systems to deal with these emerging issues. Developing countries must determine how to finance the strengthening of health systems when much of their donor funding is disease-specific; hence the importance of ensuring that governments allocate at least 15 per cent of their national budgets to healthcare. LMIC countries will have to be able to continue to navigate global funding streams while allocating sustainable, predictable funding from their budgets to build strong health systems, and taking advantage of the various innovative financing schemes that are being developed. In addition, the global commitment to universal healthcare creates new challenges in terms of covering the cost of universal care and, in particular, extending services to the 'last mile' – the most vulnerable and difficult-to-reach populations.

Could you provide some insight into the advocacy aspect of GHC's work? How does GHC influence global health policy?

GHC's advocacy work takes place both domestically and internationally. In the US – the largest funder of global health programming in the world – we work with our membership to develop policy and funding recommendations to inform US global health prioritisation, resource allocation and programming. To this end, we convene a budget and appropriations roundtable which provides funding recommendations and evidence to US policy makers in order to support robust global health funding investments. We also help convene civil society around important global health issues to develop consensus positions to inform US policy makers.

Internationally, we work with our members to influence global health efforts at the World Health Organisation (WHO) and the United Nations (UN). GHC coordinates a health-related post-2015 roundtable mandated to develop civil society recommendations for the health-related goals in the post-2015 sustainable development agenda. We regularly organise delegations to and host policy events at international global health forums such as the World Health Assembly and the UN General Assembly.

GHC is a well-established organisation that has an incredibly wide range of voices within its constituency. This means that we can help make connections between and across organisations, agencies and individuals that might not otherwise happen. My particular interest is to make sure we optimise our collective voice so that we can improve the lives of people all over the world. That means strategically choosing our priorities; I believe our biggest challenge will be maintaining focus when there are so many critical issues demanding attention. GHC will also need to continue evolving as the post-2015 agenda comes into focus.



The three Cs

In support of global health, GHC's primary functions coalesce around:

- **Convening:** networking, partnership and coordination amongst members and between members and external stakeholders
- **Communicating:** providing a learning and sharing hub for global health research and best practices, thought leadership and dialogue
- **Constituency-building:** uniting interested parties in dialogue, advocacy and policy development around critical global health issues

You are an internationally recognised advocate for global health, focusing on quality of life for women and girls. What makes you so passionate about this particular cause?

I decided when I was in college that I wanted to pursue a career in public health. I had been interested in social justice for some time, and realised that women in particular cannot assert their rights if they are preoccupied with accessing adequate care for themselves and their families. Public health seemed like a good way to have a direct and widespread impact. I spent many years working on reproductive health programming in resource-poor settings and saw first-hand the impact of unintended pregnancy, poor reproductive care and lack of sexual and reproductive rights on women and their families. The fact remains that in many societies women are the primary providers for their children and families, even when a man is present in the household. So by providing women with access to healthcare and education we also equip them with the means to empower themselves and, in turn, their families. I firmly believe that by investing in a woman you invest in the future.

You previously served as Vice President of International Programmes at Plan International USA, an organisation which works in developing countries to improve child welfare. How does this experience assist you in your current role?

Plan International has been devoted to improving child welfare for more than 75 years. Their passionate commitment to working at the community level for the welfare of the whole child is a model that needs to be emulated – it grows local engagement and accountability and addresses child wellbeing from a holistic perspective. Because of how donor funding imperatives and priorities are structured, we are often forced into working in stovepipes to the detriment of programme effectiveness. Acknowledging that people and their communities are in fact part of complex systems allows us to build more effective and appropriate programmes and increase impact. This is very much the way that Plan strives to work.

Having been involved with various different initiatives, which of your achievements are you most proud of?

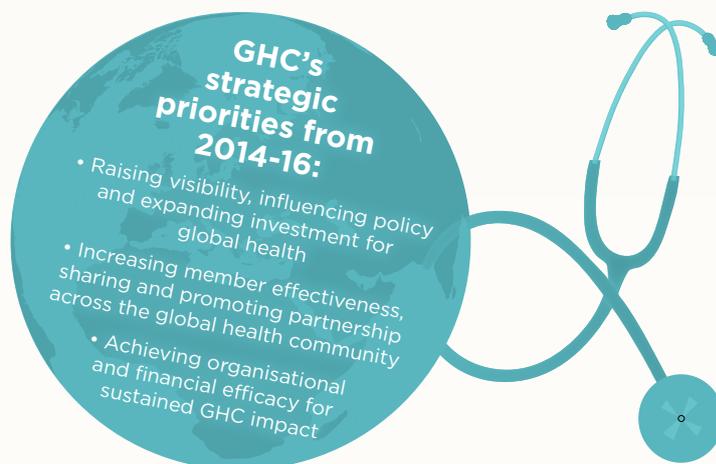
I have been fortunate enough to materially contribute to numerous programme successes over the years and there are many examples I could cite. In general I have been happiest when I can make a decision or provide leadership resulting in a concrete improvement in programme effectiveness. For example, in Mali I led a team working with the Ministry of Health to increase the availability of long-term contraceptive methods. We were able to reform the government contraceptive pricing structure to make methods more financially accessible, and we revised the way products were packaged so that they were more readily available at the provider level. This led to an upsurge in the use of long-term family planning among women who had decided that they didn't want to have any more children.

Another example was leading the design of the first quality assurance protocol for HIV voluntary counselling and testing (VCT) in Cote d'Ivoire, which eventually became a model for VCT services throughout West Africa. By working across organisations and in close collaboration with government and civil society providers, we were able to develop a protocol that improved patient retention and outcomes, and led to the expansion of VCT services throughout the region.

I'm most proud when I know I have made a difference in the lives of people who may not be able to effect that change themselves.

In your opinion, what are the greatest challenges in global healthcare today, and how do you predict they will evolve?

We are all working in an environment of increasingly restricted funding and higher expectations to produce results with the funding that is made available. This comes at a time when demographic and epidemiologic profiles are shifting rapidly; health systems will be hard pressed to keep up with the increased and more diverse needs of the populations they serve. In particular, I think the shift towards provision of care for chronic conditions will pose a challenge to existing health systems, donors and implementers. There has always been widespread support for public health initiatives



benefiting women and children, but we're already seeing that the case for support of chronic conditions is not as appealing, even if there is a strong argument for ensuring the good health of those who contribute the most to economic growth and production. We need to be thinking about how to most effectively promote the need for continued and growing investment in global health, even as the profile of global health programmes evolves.

How has GHC evolved since its formation in 1972, and what are your hopes for its future? Do you have any plans to expand the network?

GHC – just like global health – has evolved significantly over the past 40 years. Our membership has expanded to include a variety of new sectors and new players in the global health field. We have also remained flexible to adjust to the burden of disease such as helping to raise awareness around issues such as maternal health and non-communicable diseases. I think we have also been able to better include global health research in the discussion and have a number of members that are global leaders in this field.

We are very optimistic about the future of GHC. We have a dynamic membership that we will continue to grow and expand, thereby increasing our influence. They are a dedicated group of experts that will help us shape the future of global health efforts both in the US and throughout the world. While there is still work to do, we feel like the US public and policymakers understand the importance of global health and we take pride in GHC's role in creating this atmosphere. Over the last decade, the US has an impressive legacy in developing and supporting innovative, impactful global health programmes and we will continue to support this agenda, advocate for initiatives that are working and help improve those that are not.

We are also committed to growing our membership in the Global South. Global health partnerships and programmes are increasingly emerging from the Global South and GHC recognises this trend and looks for ways to increase our engagement and support of these types of partnerships. It will be our responsibility to articulate this shift to policy to US policy makers so that the programmes and funding that come out of donor agencies such as the US Agency for International Development reflect this reality.

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