

## African decision-makers discuss the realities of the 3-Ds

The 3-D Commission convened its first in a series of roundtable discussions with current and former decision-makers on January 15, 2021. This roundtable convened stakeholders who have played critical roles in influencing policies and driving decision-making in the African region: Kesetebirhan Admasu, CEO, Big Win Philanthropy and Former Minister of Health, Ethiopia; David Wilson, Program Director, Health Nutrition and Population practice, World Bank; Blessing Mberu, Head of Urbanization & Wellbeing, African Population and Health Research Center; and Sheila Tlou, Co-Chair, Nursing Now and Co-Chair, Global HIV Prevention Coalition and Former Minister of Health, Botswana. The attendees shed light on factors that shape how they have made critical population health decisions. They also expanded on the role of the health sector in forming cross-sectoral collaboration to address the social determinants of health. Four key themes emerged from the discussion.

First, access to the right data at the right time is not assured in many countries' decision-making processes, but there is hope for the future in data digitalization and data visualization. Many countries and major multilateral organizations do not consistently channel data into decision-making processes. Many also rely on traditional and fragmented data sources. This is not only due to lack of data collection, but also lack of data digitalization or hosting of data in a way that is sharable and interoperable across sectors and institutions. The lack of data digitalization often precludes decision-makers from accessing real-time data and new forms of data such as big data, including critical insights from social media. It also makes viewing and understanding longitudinal data, when available, very difficult, clouding important variables, especially around social determinants of health. Having access to digital tools and improved data visualization can democratize data, allowing for increased accountability from the public and other sectors.

Second, decision-making is an inherently political process. The reality of the decision-making process is inherently political and may be divorced from data due to political expediency, finances, and commitments to the political ruling party. There are often set agendas at every level of the government, requiring a high-level of political acumen to influence or get new data to decision-makers. Sometimes ministers are placed in positions as political favors from the new ruling party. This shifts the sector's goal to producing political dividends within their term, rather than producing long-term health improvements that might not be seen until a subsequent administration.

Third, decision-making is easier than implementation. While the decision-making process is complex and rooted in myriad variables, the implementation of the decision is the real challenge. Implementation requires not only political will, but consistent monitoring and evaluation, sharing data with all relevant partners including academia, shared budget between sectors, and shared accountability.

Fourth, effective cross-sectoral collaborations are critical to improving health outcomes, especially those related to the social determinants of health. Cross-sectoral or cross-ministerial collaborations are not new ways of operating in the decision-making process, but translating decisions into tangible policies and programs which transcend sectoral silos has proven difficult. Roundtable participants shared examples of effective cross-sectoral programs for improving health outcomes and the key challenges they faced. These conflicts included incompatible sectoral agendas, inability to mobilize the necessary resources, and determining responsibility for program management. In order to achieve cross-sector collaboration and communicate the importance of the social determinants of health to other sectors, participants agreed that it is important to create the capacity within the health sector to "speak the language" of the other sectors. This may mean discussing the return on investment to the economy of a specific health initiative to the finance sector or the importance building low-income housing to health for the housing sector.

We appreciate the time of our roundtable participants and their important insights. We look forward to future roundtables and to new collaborations with current and former decision-makers to promote the incorporation of data on the social determinants of health into decision-making.