Her Royal Highness Princess Maha Chakri Sirindhom,

Excellencies, Professor Anne Mills, colleagues and friends in global health, ladies and gentlemen,

I would like to take this opportunity to congratulate Professor Anne Mills, a good friend of mine.

As all of us know well, Professor Mills is a pioneer in evidence-based policymaking through her excellent work on health financing, economic appraisal, and health system assessment. She is a leader in the use of evidence and information for policymaking.

It is a great honor for me to give a keynote address at the fourth annual Prince Mahidol Award Conference. I am pleased to see so many good friends here once again this year.

1. Why I agreed to deliver a keynote address at PMAC
I would like to share with you the 3 reasons why I have accepted this honor to make a keynote speech at PMAC.

First, I have always admired my Thai colleagues who have been promoting health diplomacy. The growth of PMAC over the last three years is one concrete achievement of their endeavors. I hope that more countries will follow Thailand’s approach.

Second, as a serious rugby player, I believe in joint action to achieve a common goal. PMAC provides a great platform for us—the global health community—to act together and to share our knowledge, which is even more important during this time of increasing
interdependence that goes beyond national borders.

As we all know, there are many global initiatives for HSS, and it is time for us to explore how to integrate these different initiatives as well as how to integrate the different building blocks of health systems themselves.

PMAC has a tremendous convening power that can be put to use in these endeavors.

Finally, our Thai colleagues and I have something in common.

I chaired the follow-up process to the Toyako G8 Summit in Japan in 2008, which brought together actors from governments, development agencies, academia, and civil society.

We successfully managed to foster enough momentum to encourage global health partners to consider creating more synergy between disease control and strengthening of health systems.

We were particularly encouraged by the WHO’s efforts to revitalize PHC as well as the huge support that has come from various stakeholders in global health, including many of you sitting here today.

I would like to stress that the people-centered approach of the new PHC strategy is consistent with Japan’s diplomatic goal of promoting human security approaches to health.

In the Toyako G8 Summit follow-up process, we focused on three major building blocks for health system strengthening: information, workforce, and financing.

PMAC kindly gave us the opportunity last year to present our recommendations from that process. Later, I was informed that the PMAC secretariat had chosen the same topics for the next three conferences. I appreciate the Thai government’s initiative and am pleased to report that Japan would like to support it. Japan has decided to co-host the second global forum on human resources for health at the next PMAC in 2011 through JICA. I hope that this means I can be back here again next year.

2. Why focus on information, workforce, and financing?
Now let me turn to the reasons why we focused on health system strengthening and these 3 key elements—information, workforce and financing—in the Toyako G8 follow-up process.
After the G8 Toyako Summit, through consultations with our colleagues in the global health field, we reached consensus on focusing on these three topics, which are important inputs to health systems: managers and policymakers need human resources, financial resources, and information to make decisions on what a health system should do.

At the same time, health information is an output, providing assessments of different health system activities: how money and people are used and what they produce in terms of health outputs and health outcomes.

The three components are also related to each other: money is required to hire people; those people work in the health system where they collect, analyze, and interpret health information; and the data are used by people to decide how to spend more money.

The three key elements are also essential for strengthening stewardship and governance, purchasing medical products and drugs, and delivering them, which are the remaining three building blocks of health systems, as defined by the WHO.

In order to move forward the agenda of HSS and to achieve universal coverage, it is crucial that we design and agree on the mechanisms to integrate and leverage fragmented activities in each area of HSS. In order to integrate these activities, I would like to argue the importance of human security perspective.

The conventional argument relating to health systems strengthening tends to focus on the supply side. However, it needs to be redefined from a human security perspective, and that can be advocated by Japan.

A top-down approach is necessary, and governments need to make good policies to support front-line workers. Here, the front-line workers are broadly defined to include not only health workers but also sanitation workers, school teachers, and so on. This represents the protection aspect of human security.

But at the same time, a bottom-up approach is necessary, in which front-line workers keep face-to-face communication with the people in the community and build up mutual trust. Communities and the people in them should not remain as passive receivers of services but should actively participate in and support the work of front-line health workers. This represents the empowerment aspect of human security.

We need to intentionally combine these two approaches in order to deliver health services
to the people most in need.

To me, the fundamental issue is that many poor people continue to suffer and die because their local health facilities cannot provide health services that they need, and regardless of what we do or how we do it, it only has value to the extent that it helps alleviate this human suffering in our communities.

In other words, as a recent *Lancet* editorial suggested, HSS also means “*Health Service Solutions.*”

Integrating HSS activities through a new global health architecture requires serious thought and commitment. It’s very challenging but we have to do it.

I think that this can only be made possible by bringing together major stakeholders and practitioners in the global health community and sharing new ideas.

PMAC is one of the best places to do that.

In particular, for the next couple of years, I am confident that PMAC will serve as a catalyst in the area of HSS by focusing on health information, workforce, and financing.

Once again I admire the efforts of our Thai colleagues, the PMAC secretariat, and our partners from various agencies and foundations, as they are truly innovative and instrumental to moving forward the discussion and debate we have had in the past two years since the Toyako G8 Summit.

3. **Current debates on health information**

The policy paper we developed for the G8 Toyako follow-up identifies a number of problems that limit the availability, timeliness and quality of evidence for decision making. Here I would like to focus on 3 critical factors.

First, responses to data scarcity have led to a proliferation of indicators, inconsistent frameworks, and fragmented activities.

Second, work is duplicated across agencies, which compete to fill the same gaps rather than coordinating their efforts.

Third, many countries lack both the incentives and the capacity to collect, share, analyze and
interpret good quality data.

Such problems are further aggravated by the ever-growing number of global health initiatives, too. But these challenges are not unique to health information.

This familiar figure is true of health information.

4. The way forward
Again, it is time to streamline and integrate such fragmented activities and I believe that it is more efficient and feasible to tackle data than to deal with money and people, as many of you would agree.

We should finalize the common M&E framework and promote joint investment in boosting the quantity and quality of data.

Together with on-going efforts by the G8, the H8, the IHP+, and other partners, we have to promote the culture of independent evaluation of the impact of our investments so that the global health community is fully accountable.

I believe that the ultimate goal of the global health information community is to develop local capacity to collect high-quality data, monitor and evaluate health programs and systems, and inform policy for better health outcomes.

Thanks to the leadership of the Thai government, with the support of the Health Metrics Network, the WHO, the World Bank, the Rockefeller Foundation, and other partners, we have a great opportunity today to come up with a concrete action plan to make a difference.

I look forward to the discussions we will have over the next three days and to continuing to work with all of you—both old and new friends—in the coming months and years as we continue to learn how to better promote the health of all our fellow human beings.

Around May, the UN Secretary General’s report on human security will be published, and it will cover health and other thematic issues. I believe that the human-centered multisectoral and integrated approach that human security emphasizes would fit quite well in the health field.

We have also debated how to measure non-quantifiable factors. Quite similar debates have been going on regarding how to measure human security.
Now is the time to move from debate to action. Right now, we are working with other G8 countries to establish a network of academic institutions to develop such capacity in Africa.

So things are happening.

Decision making—whether it is local, national, or international—will always remain political but can be informed by better science and evidence, especially approaches that take into account the overall context.

As one of my good friends, Harvey Fineberg, said, we can make good policies without evidence. We can also make bad policies without evidence. But we can make better policies with evidence.

Ladies and gentlemen, I believe that information is power, but also power to make change. It is a necessary ingredient for sustaining global momentum on global health. Information is also power because it is how we learn better how to save lives.