



Notes from speakers presenting as part of a panel on

**“ADVOCATING FOR ADVOCACY
IN PUBLIC HEALTH”**

**Speakers: Steve Chadwick MP, Gill Greer, Kevin Hackwell,
Karen Poutasi, John Martin**

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Introduction

Dr Fran McGrath – Chair

The presentations for this evening are on the subject of ***Advocating for Advocacy in Public Health***. This is very topical, and something many of us have been thinking about since the Hunn/Brazier report last year. Advocacy is a well recognised public health tool, referred to in the Ottawa Charter. PHA is delighted to have a line up of high class speakers on this - covering the spectrum of perspectives; those who have been recipients of advocacy, as well as a range of experts in advocating.

Let me introduce our speakers and invite them to come up.

Dr Karen Poutasi - Karen has been one of NZ's longest serving Directors-General of Health, in recent years, having been in that position since 1995. Before that she held a number of senior management positions throughout the NZ health system. It is probably some considerable time since Karen has needed to lobby, but she will certainly be experienced in receiving submissions from those who are advocating.

Our second speaker is ***Dr John Martin***, replacing Philippa Howden-Chapman who has been called because of a family bereavement (We extend our sympathy to Philippa and Rafe). John Martin has a long and distinguished record in the public sector - formerly as Deputy Director-General of Health from 1981-87, and more recently a lecturer in Public Policy at Victoria University, and an Honorary Fellow at Wellington School of Medicine. John was consulted by the Drug Foundation during

preparation of the NGO submission for the Hunn/Brazier Report, so he has given a lot of thought to the matter of advocacy in public health.

Then we will hear from **Kevin Hackwell** - Kevin has been an advocate not only for human well being, but also for other animal life. His political life would, I'm sure span the whole gamut from lobbying to the advocacy and beyond. He has been a writer on political issues, firstly in Forest and Bird, Public Eyes, then in Downtown City Ministry, Coalition for Open Government, SmokeFree NZ, and now back with Forest and Bird.

Our next speaker is **Dr Gill Greer**, who has been Executive Director of Family Planning for 5 years. That position involves her in needing to raise awareness on sexual and reproductive health issues in New Zealand and also Asia and the Pacific. Gill has a strong education background, as a former Assistant Chancellor of Victoria University, and has been author/co-author of three books on New Zealand women writers.

Our final speaker is **Steve Chadwick**, who has given up her dinner break from the House to speak with us. Steve is the MP for Rotorua, and chairs the Health Select Committee. Before being elected to Parliament, she was on the Rotorua District Council. Advocacy is bread and butter to Steve.

Just a reminder to our speakers of your time limit – think of your audience and remember the mind can only absorb what the seat can endure – so my 'advocacy' to you is

A speaker should cultivate brevity,

With a suitable leaven of levity

In short, be terse,

For nothing is worse, than interminable verbal longevity.

Dr Karen Poutasi

Advocating for Advocacy in Public Health.

(Karen spoke without notes and provided dot points of her main themes)

- The Ministry values its relationships with NGOs and wants to continue the contractual agreements that exist.
- The debate around lobbying has been addressed in the first instance by removal of clauses requiring lobbying, by mutual agreement with the small number of NGOs with such clauses, and in the second instance, by the preparation of a consultation document through which the Ministry wants to share with NGOs the instructions we might give Ministry staff when they work with NGOs on contract renewal or future contracts. This document will be available shortly.
- I instanced (as I'd just returned from the World Health Assembly) the framework Convention on Tobacco Control and the Global Strategy on Diet, Physical Activity and Health as being two recent international examples of Ministry advocacy on behalf of an evidence based public health agenda.

Dr John Martin Advocating for Advocacy in Public Health.

First, I'd like to say a word about Bob Chapman — Professor Robert Chapman — whose sad death is the reason that I'm here tonight rather than Philippa Howden-Chapman; and to extend sympathies to Ralph, Philippa and their family.

As a political science student in the fifties I became very aware of the towering stature and wide influence of Professor Chapman in New Zealand political studies — in electoral behaviour, in the role of political parties, and in many other areas. He made an immense mark.

And it is principally as a political scientist that I want to make a few remarks this evening. I've really had no contact with the health services, except occasionally as a consumer, since the 1980s. I need to make it clear that I have no mandate to speak on behalf of the National Drug Foundation or other NGOs who have made submissions to the Ministry.

The first point I want to make is a personal one — about my reaction a few months ago to the issue under discussion tonight: the Hunn/Brazier report on 'advocacy' and publicly funded interest groups.

Don Hunn once described me as 'a practising traditionalist' — a label of which I was quite proud. My immediate reaction, however, when I learned of the attitude being taken by the Ministry to

questions raised about the role of NGOs was one of surprise and concern. It seemed to me that to prohibit 'lobbying' by groups who had taken the Queen's shilling was verging on the totalitarian and at best heavy-handed.

It is worth reminding ourselves that in the eighties, influenced by such economists as Mancur Olson, there was a very strong view that a significant contributing factors to New Zealand's prevailing economic and social malaise was the overweening influence of interest groups —particularly in economic management (the Manufacturers, Federated Farmers and so on). But health too was subject to the same criticism — the close involvement in policy-making of the Medical Association, the Nurses Association, the Hospital Boards Association — a mild form of corporatism.

This policy style henceforth after the 1980s 'revolution' was to beware of special interests marching behind the banner of the 'public interest'. The notion of 'policy capture' came to have a dominating and overblown position in the thinking of the policy-makers.

There is much that was salutary in this line of thinking at the time. But there was also a tendency to throw out the baby with the bathwater. And in some policy areas — including health, I suspect — this negative attitude to the place of interest groups has been to the detriment of the policy process.

So I simply want to assert tonight the general proposition that in a pluralist, democratic polity the place of interest groups is important

and positive. They play a constructive role in intermediation between ‘the governors and the governed’. They bring to bear knowledge not easily available to the bureaucracy. And they convey important messages.

The second point that I want to draw from the political science literature is the widespread recognition internationally of the imbalance in power among the interests that may be represented in policy debates — in particular, the dominating resources of the business sector — the ‘structural power of capital’. This is not an old-fashioned Marxist mantra — it is the acknowledgement of reality.

The corollary, accepted in most democracies, is that the state may step in to enhance the countervailing power — notably the voice of the community.

That is particularly important in a small, relatively poor country that does not have the capacity of well-endowed foundations and think tanks.

So we should not think that there is anything exceptional or odd in the state funding advocacy.

The third general point that I want to make is about language.

Unlike, I know, some of my friends in NGOs, I don’t have any problem with ‘lobbying’. It is a perfectly respectable political

activity. But I accept that some regard the word as tainted. (It's what the others do!)

Nonetheless, we should be very clear in distinguishing from an operational perspective between the two senses in which 'advocacy' is used:

The various activities directed to changing the behaviour and life-styles of citizens.

Those other activities directed at shaping, influencing, public policy — 'lobbying'.

I turn now briefly to the false analogy drawn in the Hunn/Brazier report between the positions of public servants on the one hand and NGOs on the other.

Few would disagree with the convention that public servants should be 'politically neutral' — in the sense that they should avoid any direct engagement in the political process except under the instructions of a responsible minister. In particular, they must avoid any appearance of partisan behaviour in dealing with political parties or individual MPs.

By contrast the very *raison d'être* of many health NGOs *is* to engage in the political process and to attempt to influence public policy-making at the parliamentary, ministerial and official levels. It would have been reprehensible if interested NGOs had *not* 'lobbied' in respect of the proposed Smokefree legislation. There

are, however, limits — of a prudential nature — that I think NGOS would accept:

that their representations are evidence-based.

that NGOs act in such a way that any charge of party-partisan bias could not be sustained.

The final observation that I want to make is about the way in which the Government relates to NGOs.

First I don't imagine that any NGO has problems about accountability — in terms of providing audited records of how public monies are spent; and in reviewing *ex post* the contribution made by NGOs' activities within a jointly-agreed public interest outcomes.

But real problems arise if the Crown wishes to prescribe precise performance measures — as I understand occurred with some contracts that sparked off the present debate. In the extreme case such tight specification effectively makes the Ministry the *de facto* management of the NGO. And the Ministry cannot then walk away from responsibility for what the NGO does.

In my view the essence of a good relationship between the government and NGOs engaged in advocacy has to be mutual trust.

The Government will, I hope, continue, as successive Governments have, to recognise that NGO 'lobbying' is a legitimate and important element of the policy process; and will fund it.

It will not, I hope, try to specify output targets — performance measures — that constrain how the NGO lobbies but exercise accountability by reviewing the NGO contribution within a broad public interest framework. as earlier suggested.

For their part, it seems to me that NGOs have both a duty and a self-regarding interest in being 'responsible' — by playing within the rules of the game, conventions. By that I mean:

providing sound, evidence-based contributions; and avoiding actions that could be construed as party-partisan — or, in my view, actions (or words) that are deliberately provocative or aimed at wrong-footing ministers or officials.

A last technical accounting but not unimportant point. Beware of the line that NGO 'lobbying' from an organisation's own funds is OK but that the same activity funded by public monies is not. Such an analysis is, in my view, flawed.

I would caution against the superficially plausible argument that payments from the Crown can be sequestered into a separate stream of income that can then be matched with cash flows out of the organisation's accounts. This is what accountants do with mirrors. The fact is that there is a *pool* of funds available to the

NGO (leaving aside the very real point that for some there is no significant source of funds other than a Government payment). Public funds dedicated to one activity free up other funds for a 'not approved' activity. The costing of services will include an item for 'Head Office Overheads' that can subsume the relatively small costs of lobbying activity. So do not be seduced down that path.

Dr Gill Greer

Advocating for Advocacy in Public Health.

Some of you will know that I was once an English teacher and lecturer – and so I want you to humour me for a moment!

I want you to think about words and their meanings –

T S Eliot said

“Words strain,
Crack and sometimes break
Under the burden, under the tension, slip, slide, decay
with imprecision and will not stay in place”

Words such as awful and awesome, “a” words, can lose their value, and their worth – as money can.

As Mansfield said, “You ring the words upon the counter to test their worth.”

You will now be thinking you’re back in English 101 but I do not want to see the word “advocacy” – “slip or slide”. Recently it seems to have lost its value, so tonight I want to ring it on the counter - and reclaim its true worth.

The dictionary tells us that to advocate is to support or speak in favour of (policy etc) or to plead for another, speak on behalf of.

The American Advocacy Institute tells us Advocacy is the pursuit of influencing outcomes – including public policy and resource

allocation decisions within political, economic and social systems that directly affect people's lives.

And within the context of Public Health and the Ottawa Charter framework that is entirely legitimate. The Institute continues 'advocacy' consists of efforts and actions based on the reality of what is "so that visions of what should be in a decent just society become a reality"

So let me give you an example:

Today I received a letter from a Select Committee asking FPA to make a submission on a private member's bill on drug rape. The accompanying material stated no person has yet been convicted of drug rape in this country yet in our 30 clinics and 30 school and outreach clinics we see its victims. Isn't this something FPA, therefore, has some real understanding of, together with our reading of the international literature?

We should be able to do this – not just because we are not fully funded but because we know, better than most, what the reality is – and on behalf of those who suffer that reality with their physical and psychological trauma – would like to see it changed, and a law developed that enables prosecution and discourages perpetrators.

Advocacy is also about democratic values, empowering people and their communities to advocate for their health and wellbeing.

It's true that in the US, NGOs are seen as an extension of government, and are described as 'malignant' by conservative, fundamentalist think tanks – who can be the most powerful lobbyists of all – as we know here in New Zealand. And there seems to be an increasingly similar view today in Australia. But not in Canada or Scotland or a number of other countries. Indeed international donors contributing to the battle against HIV/AIDS value governments which have a proven track record for working collaboratively with NGOs.

For us here tonight our work together is in Public Health, and advocacy is central to the Ottawa Charter and a legitimate and essential part of Public Health, in this country and internationally to ensure healthy public policy and supportive environments.

But I am going to annoy our chairman by side tracking – because this is not just about health - Indeed it seems from Hansard that the consultation paper we are to receive has had input from, amongst others, Treasury, State Services, the Auditor General, Crown Law, Te Puni Kokiri, the Ministry of Social Development, Internal Affairs, the Office of the Community and Voluntary Sector.

Indeed, both before and since the 'A' word became so contentious we NGOs have become a source of close scrutiny.

Between 29 April and early May one opposition member asked the Minister 18 questions about advocacy and Health NGOs, and yet another, from another party wrote to NGOs saying that the failure

of a Select Committee to take note of their submission was “an abuse of the democratic process”.

At the beginning of May another 10 questions were asked by 3 opposition members about the funding and performance of 2 specific NGOs.

Then we have the Charities Commission – which may eliminate the tax-exempt status of organisations involved in advocacy – depending on the meaning of “charitable purpose”, or what can be seen as “advancement” of charitable purposes.

Then we have the Financial Reporting Standards discussion paper which could increase transaction and compliance costs for NGOs, by placing most of them in a more rigorous reporting category than most New Zealand businesses.

Then there is the recently completed 6 month State Services Commission project on government agencies contracting with NGOs – I wonder how many of you were interviewed?

And now, across my screen today I find a project between Statistics New Zealand and Johns Hopkins University on improving NGO data.

No wonder, though many if these initiatives are intended to strengthen and enhance the sector, we are confused about our role and value, and the degree of trust in which we’re held.

Four years ago the Ministry of Foreign Affairs and Trade established a framework with NGOs. It stated its principles included mutual respect and accountability and it recognised the “independence of NGOs including their right within law to comment on government policy and to work for change in that policy irrespective of any funding.”

After the competitive destructiveness Of the 1990s, the Working Party on the Community and Voluntary Sector commented in April 2001 that “The sector needs to have greater ability to **advocate**, network and have informed debate.

This would include:

the opportunity for people to express opinions without feeling their funding will be cut

the strengthening of national and umbrella groups so they can effectively **advocate**

And then, in December of that year the Statement of Government Intent envisaged Strong and Respectful Relationships between government and community, voluntary and Iwi/Maori organisations.

I have taken that document to key international meetings where it is the envy of all my colleagues.

So what is happening to that relationship – and to the legitimate place of advocacy within that relationship?

Will we find the answer in grants rather than contracts, or in Canada and Scotland, or even in our own universities that are

largely government funded – even now- but can still be the “critic and conscience” of society – including government?

The Treasury Guidelines on Contracting with NGOs, like the 2001 Ministry of Foreign Affairs and Trade framework, offers some useful principles, recognising, “NGOs are not simply an extension of the Government. They have their own objectives and interests. NGOs may be involved in activities that the Government does not wish to fund ... Government agencies should not try to use that contractual relationship to prevent the NGO commenting on public policy matters, including ‘funding’ issues.”

I was employed five and a half years ago by FPA specifically to be an advocate – to raise awareness of the importance of good sexual and reproductive health.

We have run workshops for our Pacific partners, funded by American foundations committed to the ICPD Programme of Action, to help them encourage their governments and communities to fight the scourge of HIV/AIDS, the true horror of which I have just seen first hand in Cambodia and Vietnam last month.

After seeing that reality how could anyone **not** be an advocate? .

Tonight I am here as an advocate for advocacy in public health and the role of NGOs. So much has been achieved in recent years which recognises NGOs are not just an extension of government and to value our contribution.

The research and evidence based advocacy of NGOs is an important voice to be heard, alongside that of powerful vested interests, in the search for better health outcomes for all. And even in the US “a sufficiently full and fair exposition of public policy issues to allow the recipient to form his or her own conclusions does not constitute lobbying, even if the materials both refer to and take a position on a specific legislative proposal.”

Kia kaha, kia manuanui – thank you.

Steve Chadwick

Advocating for Advocacy in Public Health.

As a politician I have to state that everything about health is potential Advocacy and lobbying is integral to political action.

We are sorting out the difference between advocacy and lobbying.

As an MP involved in law making we seek answers to the following: -

Lobbying

Is the Bill sensible/ coherent/ understandable?

Is policy working?

Can it be made better?

Does the law need changing?

Are the regulations robust and reflective of community need (i.e. payment schedules)

Are we making a difference?

We “NEED TO KNOW”

MPs need to know FACTS/TRENDS, INFORMATION & RESEARCH FINDINGS

MPs often hear extreme intransigent views of constituents (anecdotes, subjective, pro & anti factions)

Smokefree Environment Amendment Bill

MPs have a Research Unit, but it also relies on NGO advocacy & information.

Instances of opposing views require thorough examination.

Information from NGOs assist in ministry advice (i.e. Clubs NZ – Bream Bay). Question route can help to provide information on a bill. Nothing beats ‘face to face’ contact through phone discussion & meetings.

Are MPs supposed to do research on the methodology of research? How do we expose the robustness of evidence findings? We simply don’t have the time.

Types of Lobbyists

- Civil Society groups
- NGOs
- Unions
- Activists
- Individuals
- Commercial & business sector with economic interests in outcomes of legislation (business, tobacco, alcohol & pharmaceutical companies)
- Professional lobbyist groups (PR/ communications companies/ Legal firms)

Use connections & influence in corridors of power

- Health professionals as front people (eg. Schizophrenia Society) used as a means to give drug companies time to lobby with MPs.

- Public sector employees

Submissions to select committees are critical to add to better law making, i.e. public health contract providers.

I allow all NGO & Industry lobbyists to meet me across the board and advocate their philosophy.

- Cigarette companies
- Retailers Association
- Ash, Auahi Kore, Smokefree Coalition etc
- Medical Professional Reps (College of Physicians/ Heart Foundation)

Except during the hearing of submissions. This is one time when I refuse any meetings with advocates in order to keep 'clean' and objective.

Issues

Why will the industry/ commercial sector (also not government funded) be allowed to advocate but not civil society groups?

How can issues that are affecting communities at a grassroots level or in a particular sector be brought to MPs attention?

How can NGOs have a legitimate and important role in seeking to influence political opinion if they are not able to lobby MPs?

How will any change impact on the input of public sector employees in political decision-making?

Submissions compared with lobbying

Many Public Sector submissions have made a substantial difference to the law. Examples I have been involved with: -

- Border Security Bill (Public Health)
- Cannabis Inquiry (Toi Te Ora)
- Cervical Screening (Kaitiaki Programme)
- Care of Children Bill (FPA)
- Prostitution Reform Bill (FPA) (N.C.W.)

Advocacy / lobbying – “I’m as clear as mud.”

This is not an issue of funding but one of accountability of contract providers providing services funded by the state.

A Code of Ethics approach could be considered a useful tool to build trust and a valued relationship. The relationship needs to be synergistic and constructive.