



World Health
Organization



INITIAL SUMMARY
CONCLUSIONS:

maximizing **positive**
synergies

between health systems
and Global Health Initiatives

Introduction

In recent years, fundamental questions have been raised within the international health community about how to achieve sustained improvements in health outcomes and deliver high quality health services more effectively and efficiently.

Since the international community adopted the Millennium Development Goals (MDGs) in 2000, total development assistance for health has more than doubled and many governments of low-income countries have increased their spending on health. At the same time, the landscape of public health has been transformed by the emergence of billion-dollar global health initiatives (GHIs), for the most part focused on specific priority diseases. In 2007, investments through these GHIs accounted for 23% of external financing for HIV, 57% for tuberculosis, and 60% for malaria. These investments have resulted in a striking expansion of some key health interventions, from which millions have benefited.

In too many countries, however, access to comprehensive health services remains unacceptably low. There is also ample evidence of gross and enduring health disparities both between and within countries. One reason for this is persistent weaknesses in many countries' health systems. They include inadequate infrastructure for service delivery, shortages of trained health workers, interruptions in the procurement and supply of health products, insufficient health information, and poor leadership and governance. These, in turn, are the result of decades of neglect and under-investment.

In some cases, GHIs have added to the strain on health planning and management capacities and increased transaction costs for governments. Meanwhile, weaknesses in health systems are increasingly being recognized as a central barrier to the achievement of national and international development and health goals, including disease-specific targets, in both the shorter and longer term.

Growing international agreement that a problem exists has yet, however, to result in consensus about how to resolve it. In particular, long-standing debates have resurfaced about the priority that investments in disease-specific programmes should receive relative to those in strengthening health systems, as well as about global versus strictly national responsibilities for health. In the absence of systematic evidence, these debates have been largely ideologically and anecdotally driven.

The **Maximizing Positive Synergies between Health Systems and Global Health Initiatives** effort (MPS), launched in 2008 by the World Health Organization (WHO) with the cooperation and financial support of the Government of Italy, was established to bring clarity to these issues. It aims to help identify ways in which countries can best be supported in responding to their different health needs and priorities, and optimize the use of GHI funding to take advantage of opportunities for synergies. To date, the effort has engaged stakeholders and researchers worldwide in a collaborative endeavour to build new knowledge on the interactions between global health initiatives and national health systems. The aim is to define concrete recommendations to guide countries and global health partners in their future policies and actions.

As global health partners focus on innovative ways to increase financing for health systems and to harmonize existing funding approaches, it will be critical to develop a clearer understanding of how best to accelerate health progress and direct resources strategically. The Maximizing Positive Synergies effort aims to help define a new approach to global health that will harness the potential of both country health systems and GHIs, and build mutual added value. This document summarizes the initial findings emerging from this effort.

Initial findings: what we know

A growing body of evidence suggests that, in a variety of contexts, GHIs have brought improvements in health outcomes related to their priority diseases. In some cases these have been dramatic. However, patterns are varied and the overall picture of the interactions between GHIs and health systems, both between and within countries, is mixed.

This mixed picture is partly due to the relative robustness or fragility of public sector capacities and health systems. Stronger systems are better able to maximize gains from GHI support or counteract potentially negative impacts. It is also due to the varied nature of the GHIs, and the different ways in which their approaches have evolved over time.

Differences in funding mechanisms and processes are apparent in the four GHIs that have contributed significantly to the international financing of donor assistance for health, and on which MPS research has focused to date, namely the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), the US President's Emergency Plan for AIDS Relief (PEPFAR), the Global Alliance for Vaccines and Immunizations (GAVI), and the World Bank's Multi-country AIDS Program (MAP).

Recognition of these differences and their specific effects is important, but may be difficult to distinguish clearly at lower levels of country health systems.

Nevertheless, initial research undertaken and analyzed by partners in the MPS effort, reveals a number of common themes:

1. Service delivery

- Significant gains in coverage levels and uptake have been achieved for disease-specific interventions in low- and middle-income countries targeted by GHI investments. However, evidence of the impact of GHIs on access and uptake of other health services is mixed.
- Integration of health services and decentralization to hard-to-reach populations and areas can be critical to improving health outcomes. GHI-supported programmes show varying degrees of integration into broader health delivery systems. In several settings, GHI funding can be seen to have been used effectively to drive expansion of primary care at the local level and to have strengthened local organizations involved in community-based prevention, treatment and care.

- GHI-funded programmes have expanded the engagement of civil society in service delivery, thereby extending coverage. They have also attempted to increase the responsiveness of GHI programmes to community priorities. Some GHIs have strengthened community systems and directly supported capacity building in civil society organizations with a view to enhancing their participation in advocacy and policy-making, as well as in service delivery, coordination and monitoring. Some still need to engage community-based organizations more effectively.
- The extent to which GHI programmes achieve equity and deliver care based on need varies. Positive impacts have occurred as a result of the scale-up of key interventions, the increased demand for services, and, for example, the provision of services without user fees. However, major challenges remain. For example, many GHI-backed programmes have still to close the urban-rural gap in health workforces and services. At the same time, access to some targeted health services has expanded faster than access to other services not targeted by the GHIs, revealing a new dimension of health service inequity.
- Further efforts are needed to directly address the fundamental drivers of health inequalities and social determinants of health, such as the lack of clean water and sanitation, gender inequities, access to education, and poor housing conditions.
- The promotion of standardized guidelines by GHIs has contributed to improving quality of treatment and services for targeted interventions.

2. Financing

- Resources flowing through GHIs have contributed to an aggregate increase in overall health financing.
- Evidence on the association between GHI funding and changes in overall domestic public sector health spending, or reallocation within national health budgets, is inconclusive, varying widely from country to country. However, increasing fiscal space and easing restrictions on macro-economic policies can help countries expand their own health investments and help ensure additionality of GHI funding.
- Disease-specific funding is not well enough aligned to country priorities and procedures. Where there are strong government authorities, committed to achieving ambitious health outcomes, pooling of donor and government funding to meet national priorities can have a positive impact and contribute to rationalizing norms and oversight. Likewise, greater synergies between local and external funding can be incurred by harmonizing norms and protocols between GHIs themselves and making these compatible with local standards and capabilities.
- GHIs have promoted the principle of providing services free of charge at the point of delivery of targeted interventions. They have not, however, invested systematically in the development or extension of pre-payment health financing mechanisms.
- GHIs are associated with a number of innovative financing mechanisms. They have also helped enhance health aid-effectiveness, particularly in the area of predictable financing. Nevertheless, sustaining funding over the long-term remains a major concern, as does the issue of erratic and unpredictable funding – especially in cases where there is high dependence on external resources.

- Current GHI application and disbursement processes are not optimal and would benefit from simplification. In particular, they are ill-adapted to supporting smaller indigenous and community organizations, with the result that these groups do not benefit proportionately. Moreover, countries would benefit from receiving more explicit guidance on the range of issues for which they may request funds from each GHI, as well as from greater clarity on funding options for supporting health and community systems.

3. Governance

- GHIs have exposed, and sometimes contributed to, weaknesses in overall arrangements for good governance of health systems in many countries.
- There is currently a pronounced imbalance between what countries need to do to strengthen health system governance capacity and what is done. The discrepancy is compounded by there being little agreement on best practice in governance approaches and on how to create more effective institutions.
- Some GHIs have adopted innovative approaches, for example by encouraging the coordinated involvement of key stakeholders, including civil society and affected communities, in policy development, decision-making and programme accountability and oversight.
- A few GHIs have attempted to better harmonize their approaches with country planning processes and the interventions of other country-level actors, thereby also demonstrating their capacity to be effective learning institutions.
- The performance-based approach implemented by a number of GHIs is an incentive for increased accountability at country level and for improved productivity in service delivery, but may result in distortions if there is an excessive focus on a limited set of quantitative disease-specific indicators.
- GHI support has opened up new opportunities for civil society groups to expand their impact and has strengthened community-level capacity, but opportunities exist to further strengthen these collaborative relationships. There is still room for practical measures to ensure greater transparency and accountability at all levels by national and local governments, as well as by civil society groups themselves.

4. Health workforce

- The scale-up of priority interventions supported by GHIs has not been matched by a corresponding expansion of the health workforce.
- As mentioned above, GHIs have not succeeded in reducing urban-rural health workforce imbalances. In some cases they have actually increased them, and led to an attrition of the health workforce from the public sector to specific non-state sector projects funded by GHIs. In other cases, however, GHIs have helped provide incentives for health workers, such as support for salary top-ups, housing, and other allowances.
- To date, GHI investments in human resources have been largely focused on in-service training for disease-specific programmes, task-shifting, and on increasing numbers of less qualified health workers who require limited training. These measures now need to be supplemented with more ambitious action to address long-term human resources shortages, which are keenly felt in many settings.

- In some countries, new strategies to relax macro-economic restraints and expand the fiscal space available to governments for building the health workforce could increase the availability of appropriate health care workers and encourage more equitable distribution of the workforce. Initiatives could include activities such as support to indigenous training institutions that bear responsibility for pre-service education, greater investment in salaries and salary incentives, and the building of information and management capacities.
- GHI investments are also needed to develop and deploy well-trained, adequately compensated and equipped community and non-professional health workers in order to ensure quality service delivery at the grassroots level and to increase the responsiveness of GHI programmes to community realities.

5. Information systems

- There is a serious lack of information related to the state of health systems in many countries.
- GHIs have contributed to significant innovation in the field of health information and technology.
- GHIs have also increased the availability and accuracy of health information related to the coverage of specific services and surveillance for specific diseases. Health information related to interventions or specific diseases that are not targeted by GHIs, however, have not generally been enhanced.
- In some cases, demand from GHIs has led to the establishment of parallel information systems, uncoordinated reporting requirements, and the use of disparate and fluctuating sets of indicators that are often seen to provide little guidance to implementers. In particular, studies point to the urgent need to improve the collection and use of data at primary facility level.

6. Supply management systems

- GHI contributions to improving the supply chain are widely recognized at country level, but there are concerns about their sustainability. A particular concern is that when improvements result from the creation of parallel systems by GHIs, they may compromise opportunities to help build and maintain a country's own procurement and management supply system.
- GHIs have been associated with improvements in the quality, availability and affordability of a number of commodities. With regard to the optimization of drug supply options, many countries require impartial technical advice to negotiate the complexities of international trade rules and intellectual property rights regulations. Brokering such advice could become an increasingly important area for GHI support.
- There are reports of inadequate investments in distribution and logistics as compared to those made in procurement and supply. Poor coordination and planning between GHIs and countries result in both stock-outs and overstocking of certain categories of products.

Initial findings: what we don't know

The initial phase of country-level research on positive synergies has brought understanding of GHI-health systems interactions to a new level of breadth, detail and contextual specificity. As with any research, however, there are also limitations to the work that has been done in this first phase. In particular, the initial findings are largely focused on the impact of GHIs on health systems and provide little information on how specific health system attributes have affected GHIs' ability to achieve their objectives in improving health outcomes – a one-directional approach that does not permit a complete evaluation of potential synergies.

MPS research findings have also exposed shortcomings in the nature of the available evidence and identified some significant gaps in the current state of knowledge. Looking to the future, it will be important to collect and assess data on the impact of health systems strengthening efforts on improved health outcomes, including on the goals of GHIs. Efforts are needed to improve data collection, and new tools must be designed specifically for measuring and investigating health systems. A more nuanced understanding of specific health systems strategies and designs – for example, national human resources for health and supply chain management strategies – will help drive evidence-informed systems improvements and progress towards the MDGs.

The MPS process has confirmed the importance of civil society participation in all aspects of research related to GHIs and health systems. Future efforts should continue and extend this pattern, while also incorporating new ways of mobilizing knowledge through communities of practice. Specific studies should also explore the differences between each of the GHIs and other donors and actors, including in their sub-national effects, with a view to developing a more comprehensive understanding of their comparative advantages and of the distinct synergies each can bring to bear on health systems.

Conclusion

This global analysis and research findings, provides the basis for a set of overarching recommendations. These recommendations have been compiled by a wide range of stakeholders including government officials, international health experts, and representatives from civil society. The aim is to finally put an end to the long-running debate about 'vertical versus horizontal' approaches to health, and to provide clear guidance to GHIs and country health systems so that each can support the other in the achievement of their shared goal: better health outcomes for more people.

Health Systems and Services (HSS)

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