

The “Montreux Challenge”: Making Health Systems Work

Glion sur Montreux, Switzerland, 4–6 April 2005

Note for the record

background

impetus for the meeting

With the current momentum to accelerate improvements in health - encapsulated in the Millennium Development Goals - and the fact that many countries are not on target to achieve these, health systems are becoming the focus of renewed attention. We hear repeatedly that effective and affordable interventions already exist to reduce much of the disease burden in these countries, that increased funding is available at least for some types of interventions, but that weak health systems are a critical constraint to delivering them. We are all being challenged to better define what can be done to 'make health systems work in low income countries.

Health systems are undeniably complex. The meeting was designed to help clarify what can be done given current knowledge to make them work better, without inappropriate oversimplification. Recent experience of the Health Metrics Network, and gathering global action on health workforce issues, stimulated both the idea for the meeting, and preparation of 'core technical frameworks' (CTFs) in some key areas of health systems. Background materials included an overview paper and 5 draft CTFs. USAID and CIDA supported the meeting.

objectives

- To reach greater clarity / agreement on what constitutes health system strengthening
- To identify ways to get greater complementarity in activities to support health systems, through disease specific and more general approaches to health system development
- To agree a rough road map for taking discrete elements of this health systems agenda forward in order to alleviate the most binding systems constraints, and accelerate progress towards global health goals.

participants

Key constituencies that contribute to different elements of health system strengthening - the major global programmes and initiatives, funding agencies, resource institutions and - though unexpectedly fewer than invited - national ministries of health.

agenda

The agenda was designed to maximize debate. The first day focused on six specific elements of health systems. For the health workforce, health information systems and medicines policies, recent global developments and lessons were presented. In three other areas - health financing, general management and the private sector - working groups discussed challenges and priorities for action. A session on global health events in 2005, and neglected aspects of health systems, closed day 1. Day 2 began with presentations on the role of global initiatives in strengthening health systems, and on ways to track health system performance. Ways to take the agenda forward in some specific and some more 'cross-cutting' aspects of health systems strengthening were then discussed.

discussions

A Critical elements of health systems: challenges, proposed actions, next steps

Drawing on the framework in the background paper, the meeting began with a quick summary of some 'grand challenges' faced by health systems in a complex and changing health development landscape:

- Going to scale - safe, proven and cheap interventions are not reaching those in need
- Distribution - those with unmet needs are disproportionately those with lesser means
- Protection / safety - too many are worse off through encounters with the health system

It then concentrated on six elements of health systems that experience suggests are critical to achieving better health outcomes: health information; health workforce; essential medicines; financing; and two components of provision and stewardship - local management capacity and interactions with the private sector.

Health information, the health workforce, and essential medicines

In these first three areas the session aimed to provide a brief update on recent developments and draw lessons from the processes of getting greater international engagement and action in specific aspects of health systems. The following lessons were identified:

- Developing health systems / sub-systems requires long term commitment by global as well as national players.
- These 'sub-system' specific networks / partnerships have several aims: advocacy; to help harmonise guidance; to standardize where appropriate; set clear goals, and catalyze more concerted technical assistance to countries.
- To generate attention, it helps to focus on a few, big, practical problems; to clarify and simplify proposed actions; to develop clear benchmarks against which to measure progress, and to document progress on a regular basis.
- Being new, experience of their effectiveness is limited. Common experiences with *developing* these partnerships are: a long gestation; high transaction costs; need for a critical mass of interest to get started, with an iterative but systematic approach to mobilize stakeholders and define topics; funds are required to maintain them.

Health Financing, Local Management Capacity and Interactions with the Private Sector

Small groups discussed the challenges and priorities for action proposed in each of the three core technical frameworks. In the health financing debate, there was much support for the proposed vision / goal of a good health financing system¹ and a vigorous discussion about priorities for action. Annex 4 provides details of the debates in all three areas. Useful suggestions on the CTFs were made and substantial interest was expressed in working collaboratively after Montreux - for example to develop materials such as short briefing notes or longer technical papers which could help guide decision-making in countries and globally. The notion of small inter-agency working groups in selected areas, which combine people with disease, service-specific and health systems focus was discussed. Additional possibilities for moving these specific fields further ahead, such as developing a Universal Coverage Collaboration, were also debated. In most cases it was agreed that the working groups would help further develop these ideas and propose a course of action.

¹ One which ensures that sufficient funds are available for all people to have access to needed services, without the risk of financial catastrophe (WHO is calling this concept 'Universal Coverage')

'Cross-cutting' themes

Six 'cross-cutting' themes emerged from discussions at the meeting.

1. *Action at country level*

There were a set of recurring observations on national health system development processes which - whilst not new - are important and so recorded here.

- It is essential to keep the goals / objectives of health systems 'in clear view' when discussing how to strengthen them
- It is important to recognize the pluralism of health systems. All aspects of health systems development involve political **and** technical know-how.
- Dialogue is needed at all levels, and with a wide range of stakeholders. Civil society can play a variety of roles, and effective means for their engagement are needed.
- Attention to the needs of sub-national/district level health systems is essential - especially with the decentralization processes under way in many countries.
- 'Scaling up' service delivery involves more than the piloting of new approaches. There are a host of institutional issues when going from pilots to large scale change.
- Have to act now despite limited evidence, but at the same time make efforts to improve the evidence base - especially on how to scale-up services nation-wide.
- Countries have limited capacity to manage all the various global initiatives. This is true at central and even more so at district level.
- Must keep a system-wide view of effects

2. *The international response: discrete or inter-linked health system initiatives?*

The main points raised were as follows.

- There is currently no clear 'road map' for strengthening health systems, with objectives, benchmarks and a systematic agenda for action - at global or country level.
- The international community needs to focus on those problems where action will make the biggest difference - '*20% of the things we could do could solve maybe 80% of the problems*'. (The challenge is to sort out which actions are in the 20%).
- There are different ways to achieve greater focus: by concentrating on a few countries, a few health system elements, a few specific problems etc. The need, and challenge, of responding effectively to local / district needs was stressed.
- Different elements of health systems are interdependent, and 'verticalisation' of the systems' response should be avoided. '*We risk starting to fix the brakes in one district, the gears in another, and then wonder why the car is not working*'.
- Some tensions have to be managed:
 - To avoid piecemeal approaches, at the same time as trying to achieve focus.
 - To avoid another GHI, CCM or ICC, but find ways to harmonise actions and increase participation - from local to global level.
 - To avoid the superficial 'quick-fix' trap, at the same time as moving where possible at 'AIDS speed'
- The response needs to be more dynamic. There are many events in 2005/6 where the health system agenda could / should be communicated: the African Leaders Summit; G8 meeting; Millennium Summit; High Level Forum; World Health Assembly.

3. *The international response: what can Global Health Initiatives offer?*

The main points raised were:

- Global health initiatives provide focus and clear targets, but they are short term and often have uncertain funding. Therefore they are not optimal vehicles for moving the health system agenda. They are part of the solution for strengthening health systems, but not THE solution.
- Global health initiatives may pose risks to health systems: they can undermine and bypass weak public and private health systems. We should have a “do no harm” principle for how GHIs interact with health systems.
- There is currently no process at the global level through which GHIs can engage on the health systems agenda. Such a process needs to be defined.
- While we should 'not put all health system eggs into the GHI basket', we do need to define more concretely what GHIs can contribute to health system strengthening, and how, and the extent to which they are prepared to provide support. A menu of responses is needed. Processes will clearly vary country by country.

4. *Improving the knowledge base*

The need for a stronger knowledge base on what works and why recurred throughout the meeting. In particular, the need for more 'real-time' knowledge on the design, implementation and effects of efforts to scale up service delivery and improve specific elements of health systems. There was a plea to make evaluation an integral part of all efforts to strengthen systems. The need to link with the post-Mexico health systems research agenda was stressed, with focus on practical problems in resource-poor settings.

5. *Benchmarking / monitoring progress: 'Health System Metrics'*

It is critical to track progress on health systems and demonstrate when interventions have been effective. Five key health systems areas were proposed for regular monitoring (staff, money, information, services and stewardship). Through the Health Metrics Network a core set of indicators will be developed that capture both level and distributional concerns with respect to those areas. The main comments were that there is a need to provide different information to different constituencies including districts and consumers, and to make any monitoring process dynamic rather than static.

6. *Communicating about health systems*

One of the most frequently repeated messages from the meeting was that communication regarding what health system strengthening is and does has historically been diffuse and unclear. Most materials on health systems would completely fail what was called the '*grandmother test*'. Specific comments included:

- There is a need to simplify; specify and communicate core actions, with a 'vision' of what could be achieved 5 years from now, and what success would look like.
- Choices will have to be made in a communication strategy about whether to focus on discrete elements or try to present the whole health systems agenda.
- Need to cost what it would take to strengthen health systems in different settings - '*money is the oxygen for action*'.
- Somehow need to convey that often it is not one single high profile action but a package of 'a dozen' small, quite simple actions that collectively make the difference.

conclusions and next steps

No-one wants another big initiative, but a road map for health systems is needed, as are mechanisms to harmonise action and increase participation of different actors. Elements of a road map for health systems strengthening, discussed at the meeting, are as follows:-

1. *Developing Core Technical Frameworks* to guide investments by international partners. Technical frameworks should exist for key health system elements such as human resources; financing; information systems; essential medicines and other commodities; and for discrete aspects of service delivery, and policy / stewardship. Such frameworks should include clear objectives and benchmarks of progress. Their development, which has been initiated by WHO, will engage a broad array of actors.

2. *Further articulation of an appropriate role for GHIs in health system strengthening* In the short term this may be moved forward through opportunities such as GAVI's current work on defining the next phase of its support (including for health systems strengthening) and the Global Fund's call for health system strengthening proposals. A more explicit mechanism for maintaining this dialogue also needs to be considered.

3. *Develop a Health Systems Action Network* that could provide a forum for a broad range of actors interested in health systems strengthening (technical partners, funders, GHIs, advocacy agencies) to come together to promote greater evidence based advocacy for health systems, more harmonized responses and agreement around standards and best practices.

4. *Support country and local level work-* focus on how to support countries in their efforts to strengthen health systems, through country sectoral strategies and supporting country leadership. Investigate the possibility of working at the local or district level with a particular emphasis on exchanging experiences and success stories.

5. *Develop and implement a communications strategy for health systems*

6. *Continue to develop existing initiatives* including those on HRH, the Health Metrics Network and the proposed Special Partnership Programme on Health Systems Research

contacts for follow up

A	<i>People following up with those expressing interest in the new working groups</i>	
	Health financing	David Evans
	Management	Dominique Egger
	Non-state sector	Sara Bennett, Tim Evans, Mario Raviglione
B	<i>WHO contacts for existing alliances:</i>	
	Health workforce platform	Abdelhay Mechbal
	Health Metrics Network, health system metrics	Ties Boerma
	Essential Medicines	Hans Hogerzeil; Precious Matsoso
C	Overall post-Montreux follow up	Tim Evans, Phyllida Travis

Report annexes

Annex 1	Agreements on specific health system theme areas
Annex 2	Parked topics
Annexes 3, 4 and 5	Final agenda; Revised list of participants; Presentations

Annex 1 – Agreements on specific health system theme areas

1. *Health information systems; the health workforce, and medicines policies*

While WHO's work on essential drugs is long standing, the Health Metrics Network for information systems, and the emerging global health workforce platform, are relatively nascent. These efforts build on national and international concerns about persistent problems in these areas; rising recognition that these are key constraints to improving health outcomes, and that fragmented, sometimes contradictory and intermittent external support may be contributing factors to the limited progress. The aims of these three short sessions were to

- provide a brief update on recent developments
- to draw lessons from the process of getting greater international engagement and action in specific aspects of health systems

Lessons

- Developing health systems / sub-systems requires long term commitment by global as well as national players.
- These 'sub-system' specific networks / partnerships have several aims: advocacy; to help harmonise guidance; to standardize where appropriate; set clear goals, and catalyze more concerted technical assistance to countries.
- To generate attention, it helps to focus on a few, big, practical problems; to clarify and simplify proposed actions; to develop clear benchmarks against which to measure progress, and to document progress on a regular basis.
- Being new, experience of their effectiveness is limited. Common experiences with *developing* these partnerships are: a long gestation; high transaction costs; need for a critical mass of interest to get started, with an iterative but systematic approach to mobilize stakeholders and define topics; funds are required to maintain them.

2. *Health financing*

Eight challenges and possible actions were presented in the draft CTF (table 2). Some additions were suggested by the working groups, and will be incorporated. The question whether an 'action alliance' for health financing was necessary and how broad or narrow it should be was then discussed. Three options were presented to guide this discussion.

- A 'Universal Coverage collaboration'
- A working group to promote transparency in the way funds are used and to strengthen financial management systems (in collaboration with the management group)
- A Tool Assessment Review Group

Opinions diverged on the proposed 'Universal Coverage' collaboration. There were concerns about whether this would be another large funding initiative (the response being 'no'), and that it could appear naïve and unattainable for low-income countries. Others considered that a collaboration clearly focused around the eventual target of universal coverage was welcome, and that it could help drive the agenda and disseminate examples of country experience, was welcome. The Dragonet network in Asia, which works on universal coverage and serves to exchange experience but is not involved directly in supporting country work, was cited as an example.

Option 2 was supported, and option 3 was thought to be a quintessential role for WHO. One note of caution was that tools should not be oversold as the solution to improving health system financing.

Immediate next steps

- Revisions to the draft CTF: a pithy, brief document to be produced in addition to a longer paper for technical experts
- Working group to be established to develop options for concerted action, based on the three options that were discussed

3. *Building local management capacity*

The draft CTF reviewed challenges to better management, and possible responses. The 3 point framework used to map out possible responses to strengthen management (skills; sub-systems; supportive working environment) guided working group discussions.

Key observations: focus is on management across health services rather than disease management; management development is a 'cross-cutting' issue; actions need to be geared to practical problems/desired outcomes; to have clear target groups; learn from past experience; address leadership as well as basic managerial skills; avoid piecemeal approaches; to address not just individual competencies but also sub-systems and work environments.

Three 'activity areas' were agreed by the groups, in line with the paper's proposals.

- Improved knowledge of effective approaches; exchange of experience, tools etc
- Locally delivered general management support, in selected countries.
- Advocacy for greater investment in management capacity development

Suggestions were made on how to take these areas forward and who could contribute. Proposed activities included reviews of unpublished reports; case studies; reviews of tools; real-time evaluations with new approaches; links with operational research networks; support for proposals to funding agencies, for example the GFATM; development of peer learning networks.

Offers to contribute to one or more of these activities came from IHSD; MSH; STI, University of Pretoria, USAID and from several departments within WHO.

Immediate next steps

- Revise the draft CTF; prepare one page 'advocacy' note on why to invest in local management / management support systems
- Launch WHO web-site for general service managers, May 2005, at WHA
- Carry out 3 country case studies in 2005 ; link with the GFATM proposal process; post-Mexico research agenda
- Link with discussions on building public health 'leadership' capacity and the agendas related to HRH, financial management; health management information systems etc.

4. *Working with the private sector to achieve public health goals*

Dealing with the private sector cuts across all health system functions. It is a key component of stewardship. The draft CTF reviewed 1st and 2nd level challenges in low-income countries, and proposed six priorities for international action. Comments received will be incorporated

in the revised CTF. One specific suggestion was that the term 'non-state sector' be used, because it is broader - capturing business coalitions, traditional sector etc and less emotive.

A revised set of priorities for action emerged from the working group discussions

- Stakeholder roles: help governments to define clear policy frameworks and rules of engagement; strengthen basic regulatory functions
- Capacity building: in both the private sector (eg professional organizations), and in central and district governments - to support non-state providers
- Generate and synthesize information: basic data, and data on policy interventions
- Health workforce: understand policy options around dual practice; role of private sector in training; balancing incentives across sectors, programmes
- Civil society: capacity to advocate, hold public and private actors accountable

Comments: for this topic, as with 'management', actions have to be related to specific health system problems / objectives; many suggested interventions - such as strengthening basic regulatory functions - apply equally to public and private sectors.

Immediate next steps

- Establish a small working group to finalise the CTG; to propose a set of possible actions at global, country, sub-national levels, and consider how and by whom this could be implemented - including through existing initiatives.
- Country strategies: international advocacy to promote government stewardship role regards the private sector; to discuss how to build national & local capacity
- International action: pull together existing tools, frameworks, knowledge - working group to discuss
- Knowledge building agenda: possibly through a network of research and public health institutes.

Offers to contribute came from LSHTM; SIDA; within WHO from TB; HTM

Annex 2 'Parked topics' signaled as requiring further attention

Inevitably the discussions at the meeting left out or only superficially addressed many important topics. These were summarized at the end of the meeting

Topics that were only touched upon, but link to major existing activities

Knowledge creation and the health system research agenda

Knowledge management

Health workforce crisis in low-income countries

Ways to track health system progress

Topics raised, that need additional attention

Various dimensions of stewardship, both technical and political

Decentralization

The role of households and communities in improving health systems

Mechanisms for linking the different streams of health system activities at international level

Communicating the systems agenda; opportunities for influence in 2005

Topics not raised at all, but important

Health infrastructure; health technologies