maximizing **positive synergies**

between health systems and Global Health Initiatives

A global effort to help ensure that health systems and the selective interventions of the Global Health Initiatives are mutually reinforcing and can generate maximum gains for public health.
A crisis point in global public health

At the turn of the century the world faced a stark reality: amidst unprecedented new wealth and powerful new technologies, millions were still getting sick and dying from diseases such as tuberculosis, malaria, measles, diarrhoeal diseases and respiratory infections. Indeed, in some of the poorest countries, life expectancy was actually falling. Added to this, new diseases such as HIV/AIDS were emerging and threatening to overwhelm already stretched health systems.

In September 2000, representatives from 189 countries adopted the Millennium Development Goals – a series of time-limited commitments to reduce poverty and promote human development. At the heart of these commitments were the goals to reduce child mortality, improve maternal health, and to combat HIV/AIDS, malaria and other diseases by the target date of 2015.

The scale of the challenge was keenly felt. The deadline for meeting the Goals had the powerful effect of transforming the long-standing problems of global public health into a perceived emergency.

A new response – the emergence of the Global Health Initiatives

The stage was set for a new kind of response – a response that could capitalize on the infusion of urgency into the public health agenda and that could also take advantage of the growing sense of commitment to global issues from the private sector, philanthropic trusts and civil society.

Within the space of about two years, a large number of new initiatives emerged that were to reconfigure the landscape of international donor assistance for health. The initiatives embodied a determination to tackle those specific diseases that were placing a disproportionate burden on health systems in low- and middle-income countries and were taking the highest toll on people’s lives.

These initiatives have become known as the Global Health Initiatives.

Today, the Global Health Initiatives number more than 80. Some focus on developing, or increasing access to, specific health products such as drugs or vaccines (for example,

BOX 1: Persistent challenges in global public health

- An estimated 9.7 million children under the age of five died in 2006. Most of these deaths were from preventable conditions.
- There are nearly a million deaths due to malaria each year.
- New diseases are emerging at an average rate of one per year.
- In 1960, 14% of deaths among children under five years of age worldwide occurred in Africa. That proportion had risen to nearly 50% in 2006.
- The global deficit of doctors, nurses and midwives is at least 2.4 million.
- In 2007, around 2.1 million people died of AIDS.
The endeavor to identify and exploit the positive synergies between health systems and Global Health Initiatives is rooted in the unifying framework of the Primary Health Care agenda.

The Global Alliance for Vaccines and Immunization or the African Programme for Onchocerciasis Control. Others attract, manage and allocate funding for a global response to specific diseases or health interventions (for example the Global Fund to Fight AIDS, Tuberculosis and Malaria or the Roll Back Malaria Global Partnership).

Most of the Global Health Initiatives involve partnerships between the public sector and the private for-profit or not-for-profit sectors. Other shared characteristics include a desire for lean and efficient organizational structures and an emphasis on linking inputs to quantifiable results.

The Global Health Initiatives have been successful in dramatically raising the level of resources for health in low- and middle-income countries and converting the potential of new drugs and technologies into progress on the ground. For example, between 1996 and 2005, the total annual resources available for HIV rose from US$292 million to US$8297 million and the numbers of people in low- and middle-income countries receiving antiretroviral therapy increased from 240,000 in 2001, to nearly 3 million in 2007.

The erosion of health systems

However, these new responses have had broader ramifications on the overall fabric of health systems.

Historically, health systems have suffered from long term under-investment. During the 1980s, economic crises, debt repayment, civil and political unrest and environmental pressures fuelled growing poverty and inequality with major repercussions for the health of populations, especially for those in Africa. The globalization of the labour market, which gathered pace during the 1990s, contributed to the mass exodus of health workers from the countries that invested in their training. Moreover, structural adjustment policies, designed to improve the stability of fragile economies, led to spending cuts in public health. When the HIV epidemic swept across the globe it dealt another devastating blow to already overstretched health systems.

As a result, when the world community made a commitment to the health-related Millennium Development Goals, the health systems in low- and middle-income countries were already weak and many were close to collapse.

It was into this context that the Global Health Initiatives emerged, bringing new resources, partners, technical capacity and political commitment. But critics argue that the resources flowing through the Global Health Initiatives to tackle a select number of priority diseases, or to promote specific health interventions, have had the unintentional effect of further eroding the capacity of health systems to provide for the broader needs of the population. In their worst manifestations, the interventions of the Global Health
Initiatives may, through their ability to attract resources, have distorted national health and development priorities and diverted health workers away from other important health challenges.

At the same time, the Global Health Initiatives have found that national health systems are often in too fragile a state to cope with the rising demands for health care that are being generated by their interventions. Inadequate infrastructure for service delivery, a shortage of trained health workers, interruptions in the procurement and delivery of health products, insufficient health information, health financing systems that are inequitable and unsustainable, and poor governance have all limited the delivery capacity of the Global Health Initiatives and made it difficult for them to achieve their missions.

In sum, in a vicious circle, weak health systems can limit the effectiveness of the Global Health Initiatives and the Global Health Initiatives can place unwarranted stress on already weak systems.

This dilemma drives a wedge between health systems strengthening efforts and the work of the Global Health Initiatives and limits the capacity of both to achieve their full potential.

The Primary Health Care agenda

In 1978, the WHO Alma Ata Declaration on Primary Health Care established the principle of health as a human right and placed health firmly at the centre of an overall human development agenda. At the heart of the Declaration was the understanding that public health “evolves from the economic conditions and socio-cultural and political characteristics of the country and its communities”. Accordingly, its definition of primary health care included a comprehensive set of treatment, care, prevention and promotion services such as health education, food security and sanitation and identified the importance of coordination between the health sector and other sectors such as housing, education and agriculture.

Since that time, the experience of stakeholders in public health has proved the wisdom of the principles of Alma Ata. Reaching the poor with sustainable, equitable and comprehensive care on an adequate scale is a complex challenge which cannot be overcome by money and effective health technologies alone.

For example, modern treatment for tuberculosis has an expected efficacy of 98%. Despite this, data from Kenya illustrate a wide difference in actual outcomes between poor and non-poor service users. (Table 1.)

<table>
<thead>
<tr>
<th>Source of disparities</th>
<th>Case detection</th>
<th>Diagnostic delay</th>
<th>Visits to providers</th>
<th>Patient adherence</th>
<th>Cost of care</th>
<th>Actual Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poorest</td>
<td>low</td>
<td>high</td>
<td>high</td>
<td>high</td>
<td>high</td>
<td>20%</td>
</tr>
<tr>
<td>Least Poor</td>
<td>high</td>
<td>low</td>
<td>low</td>
<td>high</td>
<td>low</td>
<td>80%</td>
</tr>
</tbody>
</table>

Source: Adapted from data from Hanson et al 2003 and from framework of Peter Tugwell
Delays in diagnosis, low rates of treatment compliance due to inadequate supervision or lack of education, high user costs and many other factors all reduce the actual effectiveness of the treatment to a mere 20% among the poorest. This compares to 80% effectiveness among the least poor. In other words, social and environmental factors play a decisive role in health outcomes.

**Equitable health service provision needs strong health systems**

WHO has made a renewed commitment to comprehensive primary health care as the key to attaining an acceptable level of health for all the people of the world.

Strong, equitable and comprehensive health systems, which are designed to reach even the most marginalized communities, can help to mitigate some of those factors that entwine poverty, death and disease. Nevertheless, only by ensuring that all the functions of health systems (such as: service delivery; the health workforce; information; medical products, vaccines and technologies; financing; and leadership and governance) are driven by the guiding principles of social justice, social participation and inter-sectoral collaboration, will good quality healthcare that is accessible to all become a reality.

**Matching the power of interventions and systems to increase access to health services**

Growing awareness of the critical state of health systems has led to a heightened commitment to addressing systems weaknesses. In particular, there has been increased investment by donor governments, UN agencies and other development partners in human resources for health and health financing. Nevertheless, in many countries, the power of health interventions and technologies for curing disease and prolonging life is still not matched by the power of health systems to deliver these to people in need.

It is essential to close this gap and the need is now strongly felt by the various actors in global public health. The desire to integrate the two mutually dependent dimensions – new resources for effective and affordable interventions and the broader fabric of health systems – into a more productive whole, that can deliver better health outcomes, has given rise to the new WHO-led global effort to maximize positive synergies between health systems and Global Health Initiatives.

It is clear that the targeted resources that are flowing through the Global Health Initiatives, and the new investments in health systems strengthening, both represent potential for bringing about a step change in public health. It is equally clear that the interface between the two is complex and can, at times, prove counterproductive.
Positive spill-overs

Notwithstanding the challenges, there are also many examples where the selective investments of the Global Health Initiatives to tackle priority health concerns have produced positive spill-overs for health systems as a whole. In Rwanda, for example, HIV/AIDS-specific support has been invested in new equipment and decentralized health service provision. These improvements have encouraged communities to seek a range of other health services, such as antenatal care, and have resulted in better health outcomes that are not confined to HIV alone.

Health systems investments are increasingly being shaped and adapted to better accommodate the Global Health Initiatives and to make good use of what they can offer in terms of additional resources and technical support. Likewise, many Global Health Initiatives are aware of their dependence on national capacity to achieve their objectives in countries and are making a more explicit commitment to strengthening health systems.

In one particular example, in 2005, the Board of the Global Alliance for Vaccines and Immunization (GAVI) took a decision to open a health systems window through which

**BOX 2: The importance of coordination and the IHP+**

In the field of global public health there are now widespread concerns around the effects of the proliferation of actors and the complexity of the channels and systems through which funds and commodities are provided. Many recipient countries are struggling to cope with the challenges of different reporting requirements, conflicting time frames in planning and funding cycles and parallel bureaucracies.

So serious are the challenges of coordination that there is now consensus that the Millennium Development Goals for health will not be achieved without a more streamlined approach to implementation of health programmes.

The growing call for coordination has given rise to a series of international commitments on aid-effectiveness, harmonization and alignment. These efforts are now being coordinated under the International Health Partnership and related initiatives (IHP+) to ensure that they translate into progress in countries.

The WHO-led effort to maximize positive synergies between health systems and Global Health Initiatives is closely wedded to the global agenda for harmonization and alignment and is consistent with the ongoing work of the IHP+.

The WHO effort aims to identify where there are positive synergies between health systems and Global Health Initiatives and to foster the systematic exploitation of these synergies to ensure maximum, mutual added value and commensurate gains for public health.
US$800 million can be disbursed to support applications from countries for work that is specifically aimed at health systems strengthening.

Overall, 37% of the projected funds that GAVI will disburse in 2008 are defined as being for health systems strengthening or immunization services support, as opposed to investment in new vaccines. (Figure 3.)

The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) is also extending its role in health systems strengthening. In Malawi, the Global Fund worked with UNAIDS, the Government of the United Kingdom and the Government of Malawi to implement an Emergency Human Resource Plan.

The U.S. President’s Emergency Plan for AIDS Relief (Pepfar) has invested heavily in human resources for health, including working with WHO to promote the rapid expansion of the health workforce through task shifting.

From the perspective of recipient countries, some, such as Ethiopia, have managed to strengthen weak national health systems using support from the Global Health Initiatives for specific priority disease interventions. A different experience is seen in Dominica where a strong health system, based on the principles of comprehensive primary health care, already existed. With this system in place, Dominica has been able to take advantage of the support of the Global Health Initiatives to help achieve scale-up of HIV services. In Haiti, the government, the non-governmental sector and the Global Health Initiatives have worked together to design disease specific interventions that have the explicit objective of also building the overall health system to reach previously underserved communities. (Box 3.)

**Figure 3.** Proportion of GAVI expenditure for new vaccines, health systems strengthening and immunization services support (estimated portfolio).

![Figure 3. Proportion of GAVI expenditure for new vaccines, health systems strengthening and immunization services support (estimated portfolio).](image-url)
Converting spill-overs to positive synergies

There seems little doubt that Global Health Initiatives have the potential to operate as an entry point for systems strengthening and, equally, that health systems have the potential to accommodate the Global Health Initiatives in ways that can maximize the systems-wide benefits and minimize the threats to systems development. However, whether these synergies are being vigorously exploited by all stakeholders to ensure maximum, mutual added value is less certain.

A wide range of different approaches are being applied and tested and a review of experiences suggests that the best outcomes are often dependant on a particular combination of fortuitous circumstances or of particularly strong and creative country leadership. In the absence of any common framework, many of the benefits are being derived more as a result of positive spill-overs than from proactive and strategic work to maximize the positive synergies between selective and comprehensive approaches.

The time has come to move from the current situation, where outcomes are often subject to trial and error and reliant on goodwill, to a more systematic framework of active management by all stakeholders.

The WHO-led effort on maximizing positive synergies between health systems and Global Health Initiatives entails a process of broad consultation and evidence gathering to support the development of policy and technical guidance. This guidance will provide the global framework that can assist all parties in mitigating any negative effects and enhancing approaches that make a sustainable contribution to the comprehensive agenda of improved public health outcomes.
Time for a change of mindset

Systematically exploiting the potential synergies between health systems and Global Health Initiatives requires a better understanding of how best to overcome the technical challenges involved. However, the effort to work consistently in ways that are mutually reinforcing will also require a change of mindset.

Goodwill notwithstanding, there are many factors that can influence the working practices and policy decisions that sometimes seem to stand in the way of achieving desired outcomes. For example, results-based reporting requirements, characteristic of many of the Global Health Initiatives, can be at odds with some country level reporting mechanisms. And yet, it is precisely this focus on linking inputs to results that has enabled the Global Health Initiatives to earn the confidence of new donors.

In the face of such inherent contradictions, the search for positive synergies will require flexibility and creativity on both sides of the equation – from health systems and from the Global Health Initiatives.

Systematic evidence enriched through broad consultation

A useful global technical and policy framework must be informed by knowledge of what works well and what does not. A large amount of information on the relationship between health systems and Global Health Initiatives currently exists but this material is widely scattered and much is insufficiently documented. Earlier experiences of targeted approaches to health improvement, of global disease eradication campaigns, of public-private partnerships and of the success of civil society in advocating for expanded access to health services, may also provide data that are useful and relevant to the current situation.

BOX 4: The difference between selective and comprehensive approaches to health care

Throughout the evolution of international health policies there has been debate around the relative merits of comprehensive or selective approaches to public health. While the principle that a comprehensive approach to solving health care problems has long been accepted as the most just, it has also been argued that the setting of priorities among competing needs is both a necessary and legitimate exercise.

Certainly it has been proven that, in the poorest countries, much can be achieved by channeling resources into specific disease programmes, such as polio eradication or onchocerciasis control, or by a focus on selected cost-effective technologies and interventions such as immunization, oral rehydration therapy or growth monitoring. However, unless investments are also made in building the overall system, addressing the social and economic determinants of health, supporting community health infrastructures and promoting collaboration with other sectors such as education and nutrition, early successes will not be sustained and these selective investments will be subject to diminishing returns.
Therefore, the WHO work on maximizing positive synergies begins with an evidence gathering process that comprises two strands. Firstly, harnessing, compiling and evaluating the existing information, including collaborating with any relevant research efforts that are already underway. Secondly, undertaking any additional research that may be required to fill the knowledge gaps that remain.

Equally important is the need for broad international consultation that includes representatives from health systems and Global Health Initiatives, government ministries, policy makers, donors, funding and other technical experts from multilateral and bilateral organizations, as well as professional organizations, academic institutions, civil society and the private sector and health service users.

The role of WHO

The work on maximizing positive synergies between health systems and Global Health Initiatives represents one part of the WHO agenda for Primary Health Care and for health systems strengthening. As the lead agency for the work on positive synergies, WHO is using its convening power to bring together both the knowledge and the individuals and organizations that have a role to play in the evidence gathering and subsequent policy development.

To date, WHO has convened the first consultation on positive synergies between health systems and Global Health Initiatives. Held in May 2008, this meeting signaled the beginning of the shared effort to drive forward the rapid development of global guidance. With the endorsement of the meeting, WHO proceeded to engage different groups, including academic institutions and civil society, to undertake the role of gathering existing evidence and conducting any essential original research.

WHO will progress the evidence gathering phase as rapidly as possible in close collaboration with all partners. Based on the resulting evidence base, and informed by expert opinion including the views of member states, Global Health Initiatives, programme implementers, civil society and other stakeholders, WHO will develop and refine appropriate policy and technical guidance. This guidance will be designed to provide a flexible scaffolding from which different constituencies can draw and build on what is useful and relevant to their own specific circumstances.

The research findings and resulting guidance will then be articulated and packaged in a way that is accessible and relevant to all those who will be involved in its implementation.

The aim is to reach agreement on WHO guidance by the summer of 2009. Beyond that, WHO will continue to promote positive synergies by providing support to countries for the implementation, evaluation and refinement of the guidance.
Good planning will achieve more than good luck

Global commitment to improving public health has never been stronger. Development assistance for health in low- and middle-income countries has nearly doubled in the last five years from around US$60 billion to over US$100 billion. Of equal importance, political commitment to achieving the health-related Millennium Development Goals is unprecedented.

And yet, neither health systems strengthening efforts, nor the interventions of the Global Health Initiatives, are consistently achieving their full potential for improvements in the health of the people they wish to serve.

Increasingly, health systems and Global Health Initiatives are working together in a more integrated manner to produce better results. What has not previously been attempted, and is now clearly needed, is a comprehensive, evidence-based, global policy and technical framework that can guide both health systems and Global Health Initiatives to ensure that mutual threats are recognized and avoided, and that mutual opportunities are identified and built upon.

By addressing this need, the WHO-led effort on maximizing positive synergies between health systems and Global Health Initiatives will make it possible for all stakeholders to fully benefit from the wide range of new investments in public health.

Additional Information


Alliance for Health Policy and Systems Research at www.who.int/alliance-hpsr

Making Health Systems Work at http://www.who.int/management/mhswork

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