



World Health
Organization

3rd

Report on the 3rd expert consultation on
maximizing positive synergies between
health systems and Global Health Initiatives,
WHO, Geneva, 2-3 October 2008



maximizing **positive**
synergies

between health systems
and Global Health Initiatives



The work of WHO on positive synergies between health systems and Global Health Initiatives is being undertaken in collaboration and with the financial support of Direzione Generale per la Cooperazione allo Sviluppo, Ministry of Foreign Affairs, Rome, Italy.

Summary of Key Issues

In October 2008, the World Health Organization (WHO) convened the third expert consultation to progress the work on maximizing positive synergies between health systems and Global Health Initiatives (GHIs).

Background to the meeting

The work on maximizing positive synergies between health systems and GHIs represents one part of the WHO agenda for Primary Health Care and for health systems strengthening. The effort responds to the global debate around the interplay of disease-specific health initiatives and health systems. The aim is to generate mutual added value for both health systems and disease-specific investments by identifying and maximizing the synergies between the two.

In May 2008, WHO convened the first expert consultation on maximizing positive synergies. The meeting signaled the beginning of a shared effort to drive forward the rapid development of global guidance in this area.

With the endorsement of the meeting, WHO proceeded to engage different working groups, including academic institutions, civil society, and implementers, to undertake the role of gathering existing evidence and conducting any essential additional research.

Since the first consultation the effort has attracted new partners and new resources and the circle of commitment continues to widen. Of great significance is the fact that the effort is now confident in the knowledge that it has the support of those who have a stake in it. At the Mexico Panel on maximizing positive synergies between health systems and GHIs, held at the XVII International AIDS Conference, senior representatives of all the major stakeholders stated their belief that this work is timely, necessary, and worthy of support. Further, these actors made a commitment to be strong and fair partners in this effort to strengthen health systems and to deliver on disease-specific and other programmatic goals, through maximizing positive synergies between health systems and GHIs.

Reports of the first and second expert consultations, and a summary of the Mexico Panel on maximizing positive synergies between health systems and Global Health Initiatives, are available at <http://www.who.int/healthsystems>

Objectives of the third expert consultation

The objectives of the meeting were to:

1. Review the strength of the available data;
2. Share early findings;
3. Review the work plans, including methodological frameworks, that have been developed and submitted by the three working groups;
4. Set timelines for deliverables;
5. Agree on a roadmap towards the development of guidance to maximize positive synergies between GHIs and health systems.

Meeting objective 1: Reviewing the strength of the available data

A paucity of conventional forms of evidence

Despite the intensity of debate around the integration of programmatic interventions into health systems, the results of a comprehensive systematic review of the existing evidence found very little evidence that was considered sufficient to meet conventional research expectations. The review, undertaken by Imperial College, London and the World Bank, used Cochrane criteria supported by a wider systematic review of a broader range of study types that did not meet Cochrane inclusion criteria. The yield was low, with only 12 relevant studies identified from an initial review of 8,274 studies.

A wealth of information with potential for conversion to evidence

Notwithstanding the shortage of conventional evidence, there is plenty of information within reach that offers potential for conversion to evidence. The meeting heard from a wide range of individuals and organizations that are conducting a variety of studies to generate data on the interactions between GHIs and health systems. Some of these bodies are already producing results and conducting analyses that will be available within weeks and months. The meeting agreed that the multitude of diverse work will generate significant additional impact by virtue of the combined global effort to maximize positive synergies.

Research conducted by the GHIN Network

The Global HIV/AIDS Initiative Network is a network of researchers and research institutions/partners undertaking a series of country studies on the national and sub-national effects of Global HIV/AIDS initiatives at the country level. By using common research tools and protocols, the network aims to ensure comparability across a number of country studies to generate multi-county comparisons and derive context specific lessons.

Research conducted by PEPFAR

The US President's Emergency Plan for AIDS Relief (PEPFAR) is supporting a variety of operations research to help guide policy and programme decisions. This research is supported by approaches and tools including: the *Health Systems Assessment Approach: A How-To Manual* that examines multiple health system components; the Human Resource Assessment tool developed by USAID; the National Health Accounts which provide an internationally accepted tool for analyzing health systems financing; and the Service Provision Assessment survey tool.

Research conducted by the Center for Global Development

The HIV/AIDS Monitor (HAM) at the Center for Global Development is tracking aid effectiveness, in particular the effectiveness of different donor strategies. HAM has published a study which investigates and compares donor interactions with three components of health systems: health information; supply chain for essential medicines; and human resources for health.

Research conducted by the International Treatment Preparedness Coalition (ITPC)

The ITPC is an HIV treatment monitoring and advocacy project which has been engaged in tracking progress towards “3 by 5” from a civil society perspective. With the objective of informing and strengthening advocacy with valid research, the ITPC has worked with country-based civil society research teams, using a standardized research template for informant interviews, to produce a report which includes a series of recommendations to national policy makers and international donors.

Research conducted by The Global Fund

The Global Fund Five Year Evaluation includes an assessment of the effects of scaling up against AIDS, tuberculosis and malaria in 18 countries. The research has used existing data including National Health Accounts, with sub-accounts, and a district comprehensive assessment with facility census and household surveys in a range of countries.

Research conducted by the GAVI Alliance

The GAVI Alliance has been working to establish an evidence base on the impact of GAVI funding on health systems. The evidence is principally derived from the evaluations that countries submit as part of their funding applications. Submissions to GAVI under the health systems strengthening window have also produced a rich vein of information on country efforts and challenges in the area of health systems.

Research conducted by Agence Nationale de Recherches sur le Sida et les Hépatites Virales (ANRS)

The ANRS has conducted an evaluation of access to antiretroviral therapy and the health care system in Cameroon. This included an assessment of the impact of the decentralization of antiretroviral therapy on the broader health care system and an analysis of the impact on partners in the process of decentralizing provision.

Meeting objective 2: Sharing early findings – main outcomes and areas of consensus

The additional research that will be undertaken as part of the effort on maximizing positive synergies is yet to begin in earnest. Nevertheless, based on the findings of the ongoing research efforts presented at the meeting, and on the wealth of experience represented at the expert consultation, a number of relevant findings were noted.

No conclusions on integrated versus non-integrated approaches

It is not possible to reach any firm conclusion on the question of whether an integrated health programme delivers better outcomes than a non-integrated programme because sufficient evidence on causality is not available.

Work on capturing contextual variables

The few published studies that document the integration of programmatic interventions with health systems find that the results of integration vary widely depending on the context.

A number of key variables affect both the extent and the nature of integration and these have been identified as: the problem being addressed; the specific intervention; the adoption system; health systems factors; and the broad context. Analysis of the nature, the extent, and the outcomes of integrated approaches to health care delivery shows a varied picture where some interventions proved more successful when integrated while others did not.

GHIs have supported an increase in HIV services

There is consensus that the GHIs have made a valuable contribution to expanding HIV services and that the AIDS-specific response can extend the demand for health care among marginalized groups.

Disease-specific health initiatives are dependent on existing capacity in health systems

There is consensus that the disease-specific work of the GHIs has exposed weaknesses in health systems. In particular, the AIDS-specific processes that have been established for health information, supply chain, and human resources for health are usually at least partly dependent on the existing capacity that is available in the broader national health systems.

For example, HIV-specific reporting is often undertaken by the same health facility staff that are responsible for other health information; and logistics systems for the supply of anti-retroviral therapy often need the supplies to be delivered and monitored by central medical stores.

Disease-specific initiatives have not created significant additional capacity in health systems

In many documented cases, the efforts that have been made by disease-specific responses to create additional capacity in health systems have not been commensurate to the additional demands they create. For example, in some countries GHIs have contributed to increases in human resources for health but these increases have not kept pace with the rise in demand for health workers that have often been driven by the disease-specific work.

GHIs have made significant investments in training for human resources for health but the emphasis has been on in-service training rather than pre-service training that will increase the overall pool of health workers. Financial support from GHIs towards developing innovative approaches to solve human resources shortfalls, such as task shifting, remain the exception. Hiring of new public sector staff has been sporadic and salary top-ups for public sector workers have sometimes diverted employees from general health responsibilities.

HIV scale-up has not had a negative impact on other non-focal disease coverage

Despite the emerging evidence of stresses, particularly on the human resource capacity of health systems, there is no conclusive evidence to suggest that HIV/AIDS-specific initiatives have produced adverse effects on other areas of health service delivery or health outcomes. For example, coverage for key maternal and child health interventions has continued to improve at a steady pace in most countries with no clear evidence of a slowdown since 2004.

The importance of data transparency and availability

Public access to health information is an important factor in ensuring accountability and improving responsiveness. The many benefits of data transparency, and of district-based information systems that are accessible to the community, were noted. These include the fact that any "strategic behavior" that may emerge as a response to performance based funding mechanisms is likely to be restricted where information can be widely shared.

Civil society is playing a key role

GHIs have often been innovative in the extent to which they have involved civil society in governance structures and in implementation and advocacy. Positive effects of these practices can be seen in the extent of civil society involvement in monitoring and implementation at the country level where strong community systems have proved essential for effective and sustainable scale-up of health services. Monitoring and advocacy by civil society networks such as the International Treatment Preparedness Coalition have had the beneficial effect of opening new channels of communication between civil society and policy makers as well as increasing accountability and urgency of response.

Meeting objective 3: Reviewing the work plans, including methodological frameworks, that have been developed and submitted by the three consortia

Following the first expert consultation in May 2008, three different groups of players – academic institutions, civil society, and implementers – agreed to undertake the role of gathering existing evidence and conducting any essential original research to document the interaction between health systems and Global Health Initiatives. During the second expert consultation, held in Mexico in August 2008, the groups presented draft plans for the overall work. Between August and the time of the third expert consultation in October 2008, these plans were refined and submitted to the WHO-convened Scientific Advisory Committee.

At the third expert consultation, the final plans were presented and discussed with participants.

The key points arising from these presentations and discussion are summarized below:

Defining the research question

At the outset of any research programme, defining the research question is of paramount importance.

The consultation agreed that the single overarching question that must guide all the research work on maximizing positive synergies will be:

“How can GHIs and national health systems optimize their interactions to capitalize on positive synergies and minimize negative impacts thereby achieving their common goal of improving health outcomes?”

Of particular note is the fact that the research effort is not dedicated to establishing whether GHIs have a positive or negative impact on health systems, nor to deciding whether disease-specific or systems-based approaches can produce better outcomes. Instead, the interest of the participants is in establishing how GHIs and health systems should interact to produce the best possible results for all stakeholders. It was stressed that the word “maximizing”, which features in the title of the effort, should not be overlooked.

Identifying the desired outcomes

There was consensus around the desired outcomes of the work on maximizing positive synergies. These were identified as follows:

- Healthier people, greater equity and social justice;
- Highly functioning health systems that are responsive to everyone and deliver across the priorities;
- Better policies that shape donor behavior, health system design and health service delivery.

Methodological challenges

Balancing realism and ambition

The work on maximizing positive synergies is ambitious, complex and wide-ranging.

In fact, in trying to meet the objectives of the work, participants are engaged in building a new field of science for health outcomes and systems research among a constituency that has been fragmented in the past.

The methodological challenges faced are significant and were the subject of lengthy discussion among participants. Meeting the challenge presented by the subject matter will require creative approaches that extend the frontiers of traditional research methodologies. Participants will strive to rise to this challenge while also retaining a realistic view of what can be achieved.

Context is a key factor

The foremost challenge will be to capture the many contextual factors that can impact the interactions between GHIs and health systems. Research methodologies must be sensitive to the fact that health systems are neither homogenous nor static and are subject to a wide range of social and political determinants.

The work on positive synergies must show attention to such complexities and strive to produce a robust evidence base that combines context-independent findings that can be generally applicable, and context-specific examples that can provide inspiration. By doing so, the work will test and challenge some of the thinking that exists and generate validity for best practice.

Efficiency versus equity

The relationship between efficiency and equity is a crucial aspect in the debate around disease-specific initiatives and health systems. The research must strive to capture the relationship between how any efficiency gains in health care delivery are distributed and whether broader populations benefit.

Unusual methods and unusual partners

There was agreement that a "mixed-method approach" is an appropriate methodological response to the complexities inherent in the research agenda. A "mixed-method approach" can encompass quantitative and qualitative research and allow the use of new, alternate and unconventional information sources as well as involving multi-disciplinary teams.

Researchers who represent a wide range of disciplines should be invited to contribute to the work. Non-academic data, such as the situation analyses that are prepared by Country Coordinating Mechanisms in their submissions to the Global Fund, should be sought out and utilized. The value of longitudinal studies as well as cross-sectional studies was noted.

The experiences of other ongoing research efforts should be taken into account and lessons learned. The importance of avoiding duplication and placing undue burden on national data gathering capacity was also emphasized.

Knowledge generation and knowledge utilization

The meeting agreed that the work on positive synergies must strive to achieve a beneficial cycle of action guided by learning, and learning informed by action.

Country selection

A range of countries have been selected for the purposes of data collection and evidence gathering by both the academic and the civil society consortia. The country selection process has been guided by four main criteria: a range of countries that can provide a varied geographical representation; countries that have a relatively high level of GHI investment as a percentage of total health expenditure; countries that have a high burden of diseases that are the targets of major GHIs; countries where existing connections with partner institutions and accessible networks will make data collection more efficient.

The first three of these criteria are directly relevant to the research needs. However, the final criteria – existing connections with partner institutions or local networks – represents a pragmatic choice that is dictated by the stringent time frame within which the research phase must be completed.

Participants expressed concern that such pragmatism can have the unintentional effect of reinforcing existing inequities. By adding to national capacity and information where it already exists the research effort will neglect precisely those countries where information is lacking and data gathering capacity is weak.

The importance of extending data gathering efforts to hard-to-reach places was endorsed by the meeting. Nevertheless, it was acknowledged that the spring 2009 deadline for initial research findings must limit ambitions during the first phase of the work on maximizing positive synergies and that wider research efforts should follow during the second phase.

Work plans

Work plan of the academic consortium

The academic consortium presented the work plan for the academic track.

The consortium identified a number of particular challenges that are presented by the nature of the subject matter. In particular, the attempt to shed light on complex systems and relationships is a relatively new field of research and one which neither quantitative nor qualitative research methods alone will capture sufficiently.

Therefore, the consortium will adopt a “mixed-method approach” that allows for triangulation with different data types.

1. Global cross-country quantitative analysis – will look across many countries for the existence of statistical relationships between GHI investment and the inputs into and outputs from country health systems.
2. Country level mixed-methods analysis – a series of studies that will investigate the operational detail of health care delivery and implementation to begin building theories about why the relationships (as identified in the cross-country analysis) exist. These are mixed methods studies that will use quantitative methods when possible to triangulate with qualitative results.
3. Provider unit level analysis – to gather data that will shed light on the impact of different system designs at the point of health care delivery.

The consortium will use these methods to answer a series of preliminary research questions that aim to:

- a) Identify relationships between GHI-funded programmes and health systems in varied country contexts;
- b) Understand these relationships by establishing which factors influence the extent and nature of the interaction between GHI-funded programmes and local health systems;
- c) Understand the impact by identifying the specific system designs and delivery strategies that have led to the most positive impacts and exploring how these designs and delivery structures influence the coverage of targeted and non-targeted interventions and health outcomes.

The consortium presented a preliminary conceptual framework for the purpose of organizing the different work streams. The framework uses WHO’s building blocks for health systems strengthening and builds on a model for understanding the integration of complex health interventions into health systems. It was stressed that the framework has limitations and is not being proposed as a health systems framework for any other purpose that to help organize the current programme of work.

The consortium identified a number of expected outcomes as follows:

- Global cross-country analysis;
- Case study library of more than 10 countries – detailed information on health; system design, implementation strategy etc.;
- Provider unit-level analysis in select countries;
- Literature review;
- Identification of knowledge gaps for further study;
- Improved methodology;
- Input for WHO policy and technical guidance.

The academic consortium is comprised of the following institutional partners: Imperial College, London, United Kingdom; Royal College of Surgeons in Ireland, Ireland; University of Pretoria, South Africa; Makerere University, Uganda; London School of Hygiene and Tropical Medicine, United Kingdom; George Washington University, United States of America; Institute of Tropical Medicine, Antwerp, Belgium; University of Buea, Cameroon; Public Health Foundation of India, India; University of Dakar, Senegal; University of Western Cape, South Africa.

Work plan of the civil society consortium

The civil society consortium presented the work plan for the civil society track.

The research methodology used by the civil society track will need to be sensitive enough to accommodate many complexities. Among these is the fact that civil society represents a vast and varied constituency which is highly sensitive to contextual factors. Civil society actors are engaged in many different roles that have a bearing on the relationships between health systems and GHIs, including as service-users, advocates, and service-providers. It follows that, while the civil society partners enjoy valuable insight and access to civil society networks, the work must strive to achieve a balance between a descriptive, analytic and advocacy role.

The civil society consortium will utilize two different approaches in the research methodology:

1. Key informant interviews and semi-structured focus group surveys with country implementers, community health workers, advocates, and civil society policy makers (e.g. Global Fund Country Coordination Mechanism members). There will be a focus on obtaining information from grassroots and underrepresented marginalized constituencies.
2. Real-time action learning will create a feedback "loop" between learning and doing. The research will seek to identify where civil society is already using existing opportunities at country level to maximize positive synergies between disease-specific interventions and health systems. Such light as can be shed on current good practice and will feed into the development of WHO guidance.

The consortium will use these methods to answer a number of preliminary research questions that aim to:

- a) Identify how and in what ways civil society participation can assist in maximizing positive synergies between GHIs and health systems;
- b) Understand and appreciate the views of civil society on how to maximize positive synergies;
- c) Increase awareness of the views of civil society on the modifications needed to increase the responsiveness of GHIs.

The consortium identified a number of expected outcomes as follows:

- Bring to bear the influence of civil society and community priorities on the policy and practice of the GHIs;
- Increase the direct engagement of civil society with GHIs in areas such as monitoring and accountability, accessing funding, transparency and responsiveness;
- Develop the evidence base on civil society practices to maximize positive synergies;
- Make contributions to the work of the academic consortium;
- Provide civil society input for WHO technical and policy guidance;
- Produce practical tools that can facilitate the implementation of WHO normative guidance by civil society at the country level.

The civil society consortium will be coordinated by Health GAP, USA, and the Global AIDS Alliance, with lead country partners responsible for coordinating all aspects of work in-country.

The work of the consortium will be overseen by a global civil society advisory group that has majority representation from the global South and includes: constituencies of the health-related Millennium Development Goals; health systems experts; activist and advocacy communities; existing global health and disease-specific networks; health workers and professional associations.

Efforts will be made to seek out and involve civil society groups which focus on health systems as well as those that are dedicated to disease-specific work.

Work plan of the implementers' consortium

The implementer's consortium presented the work plan for the implementer's track.

The role of the implementer's consortium is distinct from that of the other two tracks in its primary function. The implementers will not undertake original research but will play an advisory and an advocacy role, particularly in relation to the implementation of the WHO guidance that results from the work.

The work of the implementer's consortium will be to:

1. Provide scientific, strategic and technical advice to WHO and to the academic and civil society consortia in development of guidance on maximizing positive synergies between GHIs and health systems;
2. Act as advocates and mobilizers in key international fora where there is potential for influence;
3. Help bridge the gap between research findings, recommendations and implementation by fostering country participation and by ensuring that the reality of country experience is taken into account at all stages;
4. Collaborate with WHO to organize a ministerial meeting to endorse the WHO guidance on positive synergies;
5. Promote and guide the implementation of WHO guidance in countries;
6. Collaborate in the early evaluation of the implementation of WHO guidance.

The consortium identified a number of expected outcomes as follows:

- Research of the academic and civil society consortia is subjected to regular "reality checks" and evidence is validated;
- WHO guidance on maximizing positive synergies is influenced by practice and developed with inputs from recipient countries;
- A ministerial meeting will endorse WHO guidance;
- Consensus will be achieved around recommendations to maximize positive synergies;
- Resulting guidance will be implemented in countries and rapidly assessed.

The membership of the implementer's consortium is yet to be finalized. However, in principle it is agreed that the consortium should include around 15 members, including representatives of GHIs, of the governments of recipient countries, and of non-governmental implementing bodies, and that it should be convened under the leadership of the ministries of health of Mali and Thailand. In establishing the membership of the consortium, particular attention will be given to matching the group composition to the strategic work that the members are expected to carry out and to diversification in terms of professional background, gender, geographical representation, international standing and affiliations.

The role of the WHO-convened Scientific Advisory Committee

The WHO-convened Scientific Advisory Committee exists to ensure quality control, monitor performance and ensure accountability of scientific research being undertaken under the auspices of WHO. The work plans of the academic consortium and the civil society consortium have been submitted and approved by the Scientific Advisory Committee and the research work of the consortia will be subject to regular review as it proceeds.

The Committee will aim to fulfill this supervisory role in a manner that encourages and supports the work and does not create any undue delays.

Meeting objective 4: Setting timelines for deliverables

Ambitious time frame

The meeting noted that the challenge of the task ahead is compounded by the urgency with which results must be delivered. An ambitious time frame has been set for delivery of preliminary research findings and guidance within one year. The first motivation for moving fast is that implementers and donors urgently need tools to help improve health outcomes if the shared commitments to the health-related Millennium Development Goals are to be met.

Grasping strategic opportunities

The work on maximizing positive synergies is being undertaken in collaboration and with the financial and technical support of the Government of Italy, host government of the Group of Eight (G8) Summit in July 2009. Representatives of the Government of Italy have expressed a desire to keep health on the agenda of the G8 and believe that the results of the work being undertaken on health systems and GHIs will assist their efforts to do so.

For this reason, and despite the additional challenges this time frame will present for all those involved, it was agreed that collaborators will be determined in their commitment to produce some initial results in time to influence the G8 Summit in July 2009.

A further opportunity is presented by the 2008 Global Ministerial Forum on Research for Health which is to be held in Mali on 16-19 November. Drawing on the collaborative research effort on maximizing positive synergies, a statement must be made in Mali about research policy on health – one that will generate credibility, centrality and financing for the kind of complex, creative, mixed-methods approach to health systems research that is being championed by this effort.

Proceeding on two tracks

With these strategic considerations in mind, it was agreed that the work should proceed in two phases.

Phase one will proceed to review the available evidence, fill gaps where possible, and ensure that there are deliverables by the end of June 2009. The work undertaken in this phase will have limitations and the meeting agreed that it will be important to be open and honest about these.

The deliverable outcomes of the work in phase one were itemized as follows:

- a) A synthesized document of WHO guidance on maximizing positive synergies between health systems and GHIs, supported by initial research findings.
- b) A special issue of the medical journal, *The Lancet*, dedicated to the work on maximizing positive synergies will be published in June 2009.
- c) A comprehensive document that will capture all the knowledge generated by the research work.

Phase two will involve implementation of the guidance, and evaluation and refinement according to the experience gained. This longer term agenda will, in effect, be about building a new science for health systems research. The longer term work will offer greater potential for overcoming some of the constraints that will govern the work in phase one. For example, there will be an opportunity to seek evidence from those countries where the data gathering is most challenging.

The meeting agreed that there is no dichotomy between the pursuit of a more limited ambition to get some useful results quickly, and laying the groundwork for a longer process. Indeed, being conscious of the longer term agenda at the outset will help avoid any practical and methodological problems arising later in the process.

Meeting objective 5: Agreeing a road map towards the development of guidance

The discussion around the development of WHO guidance on maximizing positive synergies between health systems and GHIs generated agreement on a schedule for the work of phase one. It also achieved consensus around key principles that will guide the development of the recommendations.

Consensus on guiding principles

No time for apportioning blame

In the process of developing the guidance on productive interactions between health systems and GHIs, little will be achieved through efforts to prove the relative strengths and weaknesses of either disease-specific or systems approaches. The focus must be on a counter-factual approach that can describe what might be achieved if things are done for the best and draw on this understanding to move forward.

Signaling “no” to resource reallocation

The effort must be sensitive to the fact that some stakeholders remain fearful that the work to maximize positive synergies may imply a move towards the reallocation of resources that are currently dedicated to disease-specific work. It is essential that the work should not lead to any de facto cuts in disease-specific spending but rather contribute to additional impact and real increases in resources.

Avoid rigid or passionate positions

The debate around the interplay of disease-specific health initiatives and health systems has been characterized in the past by a polarization of views that can prove reductionist and counter-productive. The effort on maximizing positive synergies aims to nurture a new spirit of cooperation and this demands that passionately held positions should be set aside.

Unity born of shared goals

Reaching the hard-to-reach, including rural and marginalized communities, is now the major challenge facing all those involved in global public health and in disease-specific initiatives and health systems alike.

The importance of wide participation

The meeting welcomed the fact that the effort has demonstrated a clear commitment to the meaningful involvement of civil society representatives from the outset and is actively strengthening dialogue between civil society and the United Nations system. Wide participation in the work should be encouraged in every way, including by avoiding the use of terminology that may exclude some from the debate and by reliance on the English language.

Ensuring that the work is relevant to implementers

The work will be guided at all times by the need to translate findings into policy and action. The nature of the collaboration, which involves a wide range of stakeholders including researchers and policy makers, will facilitate strong links between learning and doing.

The research methods and work processes must be devised in a manner that can make the work immediately relevant to implementers and lead to real improvements in health. Country involvement and ownership is essential and will be promoted at every opportunity with the support of the implementer's consortium. Commitment to local capacity building will be a central and essential part of the process.

Positive synergies exist where forces combine to produce more than the sum of their parts

The investments of both health systems and GHIs may often have ramifications that could be described as positive spill-overs. However, the effort to maximize positive synergies seeks to distinguish synergies (where forces combine to produce more than the sum of their parts) from spill-overs which are less likely to produce sustainable added value for all stakeholders.

Outline schedule

- *October 2009*: Finalize research methodologies and work plans and convene advisory networks
- *Early November*: Undertake additional in-country data collection and identify real time action learning priorities
- *November 17-19, 2008*: Bamako Ministerial meeting
- *January – March 2009*: Continue data collection and analysis and draft country reports
- *March – April 2009*: Prepare results and draft reports
- *March – April 2009*: Draft preliminary recommendations for consultation
- *May 2009*: Revise recommendations and guidance
- *June 2009*: Ministerial meeting to discuss findings and resulting guidance
- *July 2009*: Disseminate WHO guidance on maximizing positive synergies
- *July – August 2009 onwards*: Translate guidance into practical tools for implementation, evaluate and refine guidance

List of participants

- Olusoji Adeyi**, The World Bank, USA
- Rifat Atun**, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Switzerland
- Brook Baker**, Health GAP, USA
- Sara Bennett**, Health Systems and Services, WHO, Switzerland
- Regien Biesma**, Royal College of Surgeons in Ireland, Ireland
- Thomas Bisika**, University of Pretoria, South Africa
- Ties Boerma**, Information, Evidence and Research, WHO, Switzerland
- Jean-Marc Braichet**, Health Systems and Services, WHO, Switzerland
- Ruairi Brugha**, Royal College of Surgeons in Ireland, Ireland
- Eric Buch**, University of Pretoria, South Africa
- Craig Burgess**, GAVI Alliance, Switzerland
- Celeste Canlas**, Health Systems and Services, WHO, Switzerland
- Robert Carr**, Caribbean Vulnerable Communities Coalition, Jamaica
- Andrew Cassels**, Health Systems and Services, WHO, Switzerland
- Francesca Celletti**, Health Systems and Services, WHO, Switzerland
- Somsak Chunharas**, National Health Foundation, Thailand
- Daniel Davies**, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Switzerland
- Paul Davis**, Health GAP, USA
- Isabelle de Zoysa**, Family and Community Health, WHO, Switzerland
- Bernard Diop**, CHU Fann, Senegal
- Ole Doetinchem**, Health Systems and Services, WHO, Switzerland
- Carmen Dolea**, Health Systems and Services, WHO, Switzerland
- Pamela Drameh**, Health Systems and Services, WHO, Switzerland
- Jane Dyrhaug**, Health Systems and Services, WHO, Switzerland
- Fred Eboko**, Agence Nationale de Recherches sur le Sida et les Hépatites Virales, France
- Andrew Ellner**, Harvard Medical School, Partners in Health, USA
- Waffa El-Sadr**, Columbia University, USA
- Carissa Etienne**, Health Systems and Services, WHO, Switzerland
- Tim Evans**, Information, Evidence and Research, WHO, Switzerland
- Bob Fryatt**, Health Systems and Services, WHO, Switzerland
- Peter Godfrey-Faussett**, London School of Hygiene and Tropical Medicine, United Kingdom
- Catherine Maree Holliday**, Independent consultant, Australia
- Steven Kadish**, Harvard School of Public Health, USA
- Alice Kayongo-Mutebi**, Uganda Community Based Association for Child Welfare, Uganda
- Thomas Kenyon**, Centers for Disease Control, Ethiopia
- Alia Khan**, Global AIDS Alliance, USA
- Jim Kim**, Harvard Medical School, Partners in Health, USA
- Samson Kironde**, UPHOLD, Uganda
- Sai P. Kumar**, Imperial College, United Kingdom
- Patience Kuruneru**, UNICEF, USA
- Marie Laga**, Institute of Tropical Medicine, Belgium
- Richard Laing**, Health Systems and Services, WHO, Switzerland
- Guillaume Le Loup**, Agence Nationale de Recherches sur le Sida et les Hépatites Virales, France
- Ann Lion**, Health Systems 2020, Abt Associates Inc., USA
- Chunling Lu**, Harvard Medical school, USA
- Guido Maringhini**, Italian mission, Switzerland
- Tim Martineau**, UNAIDS, Switzerland
- Thubelihle Mathole**, School of Public Health, University of the Western Cape, South Africa
- James McCaffery**, The Capacity Project, USA
- Cristina Mello Rodrigues D'Almeida**, Agence Nationale de Recherches sur le Sida et les Hépatites Virales, France
- Henning Mikkelsen**, European Commission, Belgium
- Peter Mugenyi**, Joint Clinical Research Centre, Uganda
- Joia Mukherjee**, Harvard Medical School, Partners in Health, USA
- Claudia Nannei**, Pisa University Hospital, Italy
- Peter Martins Ndumbe**, University of Buea, Cameroon
- Sania Nishtar**, Heartfile, Pakistan
- Valeria Oliveira Cruz**, London School of Hygiene and Tropical Medicine, United Kingdom
- Nandini Oomman**, Center for Global Development, USA
- Gorik Ooms**, Institute of Tropical Medicine, Belgium
- Rosanna Peeling**, Special Programme for Research and Training in Tropical Diseases, WHO, Switzerland
- Jos Perriens**, HIV/AIDS, TB, Malaria and Neglected Tropical Diseases, WHO, Switzerland
- Sai Kumar Pothapregada**, Imperial College, United Kingdom
- Sai Subhasree Raghavan**, SAATHI, India

Nigel Rawlins, Family and Community Health, WHO, Switzerland

K. Srinath Reddy, Public Health Foundation of India, India

Joseph Rhatigan, Harvard Medical School, Partners in Health, USA

Paul Ricketts, Ministry of Health and Environment, Dominica

Robert Ridley, Special Programme for Research and Training in Tropical Diseases, WHO, Switzerland

Guglielmo Riva, Ministry of Foreign Affairs, Italy

Asia Russell, Health GAP, USA

Salif Samake, Ministry of Health, Mali

Badara Samb, Health Systems and Services, WHO, Switzerland

David Sanders, University of Western Cape, South Africa

Ramesh Shademani, Information, Evidence and Research, WHO, Switzerland

George Shakarishvili, Global Fund to Fight AIDS, Tuberculosis and Malaria, Switzerland

Jeremy R. Shiffman, The Campbell Public Affairs Institute, Maxwell School of Syracuse University, USA

Violet Khayecha Shivutse, GROOTS Kenya, Kenya

Francisco Songane, Partnership for Maternal, Newborn and Child Health, WHO, Switzerland

Erin Sullivan, Harvard School of Public Health, USA

Tessa Tan Torres, Health Systems and Services, WHO, Switzerland

Waranya Teekul, National Economic and Social Development Board, Thailand

Enrico Vicenti, Italian Mission, Switzerland

Kirsi Viisainen, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Switzerland

Pascal Villeneuve, UNICEF, Switzerland

Aisling Walsh, Royal College of Surgeons in Ireland, Ireland

Adele A Webb, Association of Nurses in AIDS Care, USA

Suzanne Weber-Mosdorf, WHO Office at the European Union, Switzerland

Diana Weil, HIV/AIDS, TB, Malaria and Neglected Tropical Diseases, WHO, Switzerland

Erica Wheeler, Health Systems and Services, WHO, Switzerland

Anne Margaret Winter, François Xavier Bagnoud Center for Health and Human Rights, Harvard School of Public Health, USA

Anna Wright, independent consultant, United Kingdom

Jose Zuniga, International Association of Physicians in AIDS care, USA

Additional Information

All the presentations that were made at the 3rd expert consultation on maximizing positive synergies between health systems and Global Health Initiatives are available at <http://www.who.int/healthsystems/GHIsynergies/en/index.html>

Report on the 1st expert consultation on maximizing positive synergies between health systems and Global Health Initiatives, WHO, Geneva, 29-30 May 2008, available at <http://www.who.int/healthsystems/GHIsynergies/en/index.html>

Report on the 2nd expert consultation on maximizing positive synergies between health systems and Global Health Initiatives, Mexico City, Mexico, 5 August 2008, available at <http://www.who.int/healthsystems/GHIsynergies/en/index.html>

The Mexico Panel on maximizing positive synergies between health systems and Global Health Initiatives: a WHO satellite meeting at the XVII International AIDS Conference, Mexico City, 4 August, 2008, available at <http://www.who.int/healthsystems/GHIsynergies/en/index.html>

Everybody's Business: WHO's Framework for Action for strengthening health systems to improve health outcomes. Geneva, World Health Organization, 2007, available at http://www.who.int/healthsystems/strategy/everybodys_business.pdf

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

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

Design and layout by mccdesign.com

Health Systems and Services (HSS)

World Health Organization
20, Avenue Appia
1211 Geneva 27
Switzerland

www.who.int/healthsystems

© World Health Organization 2008

All rights reserved. Publications of the World Health Organization can be obtained from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; e-mail: bookorders@who.int). Requests for permission to reproduce or translate WHO publications – whether for sale or for noncommercial distribution – should be addressed to WHO Press, at the above address (fax: +41 22 791 4806; e-mail: permissions@who.int).

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.