Report on the 2nd expert consultation on positive synergies between health systems and Global Health Initiatives, Mexico City, Mexico, 5 August 2008
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

At the XVII International AIDS Conference held in Mexico City, August 2008, the World Health Organization (WHO) convened the second expert consultation on maximizing positive synergies between health systems and Global Health Initiatives (GHIs). Around 60 representatives from health systems, GHIs, academic institutions, civil society, and multilateral and bilateral agencies attended the evening session. The meeting’s major goals were to review approaches to elucidating synergies between GHIs and health systems, and to encourage coordination and participation among partners.

Background to the meeting

Following on the first expert consultation in May, 2008, WHO launched an ambitious twelve-month programme, designed to provide rapid advice on the potential synergies between GHIs and health systems. The work was divided among three groups – an academic track, a civil society track, and an implementers’ track. These groups are working in parallel to gather, organize, and evaluate existing evidence and, where possible in the short time frame, to create new evidence. The three tracks’ activities will be tightly coordinated and highly complementary, leading to guidance aimed at helping health systems and GHIs achieve their common goal of equitable and sustained improvements in population health.

The second expert consultation provided the first opportunity for the three groups to come together and discuss their collective work.

The scope of work

The global health community has recently evinced renewed interest in health systems strengthening and primary health care. This interest, paired with unprecedented funding for disease-specific initiatives, provides a crucial opportunity for concerted action towards common goals. Even at this early stage, the WHO work on maximizing positive synergies has attracted attention and/or support from other major organizations including the World Bank, The US President’s Emergency Plan for AIDS Relief (PEPFAR) and the Bill and Melinda Gates Foundation.

Participants agreed that the substantial scope of work and narrow time frame combine to make this an ambitious programme of activity. The key is striking the right balance between the need for scientific rigor and the imperative of producing rapid results. Despite the many challenges, the accelerated programme will allow for actionable recommendations to be made at a time when they are still most relevant and useful. This in turn will increase the potential for health systems to harness this unparalleled opportunity to improve health outcomes among the world’s most vulnerable populations.
There was broad consensus that this programme represents the beginning of a larger body of investigation that will unfold over several years. Stakeholders, including representatives of the GHIs, expressed interest in a longer-term research agenda that studies key issues of GHIs and health systems interactions in more breadth and depth. This initial phase will launch the long-term effort by gathering evidence, identifying knowledge gaps, and developing new methodologies and frameworks for better understanding how GHIs and health systems can optimize their interactions. It also offers an opportunity for an unprecedented level of concerted inquiry and action on the part of implementers, academics, and civil society.

**Coordinated activity**

The WHO effort on maximizing positive synergies comprises three parallel tracks of work. Close coordination between the different groups responsible for progressing each of these tracks is of the utmost importance.

**Academic track**

The proposed work plan for the academic track involves five work streams that together will lead to a comprehensive report by April 2009. These include:

- An overall conceptual framework for understanding the impact of GHIs on health systems, and the potential synergies between them, that will be refined over the course of the effort based on the accumulating evidence;
- A cross-national study that will look at the impact of GHIs on health systems using data from more than 80 countries;
- Country case studies that will look at the impact of GHIs on health systems at national and sub-national level, using a mixed quantitative and qualitative approach;
- Provider-unit level evaluations to better understand how specific systems designs impact local health system capacity and health outcomes;
- A comprehensive literature review to capture what has been published on the interactions between health systems and GHIs and catalogue efforts that may provide insight and guidance to this effort.

**Civil Society track**

The work involves multiple levels of civil society participation, including:

- Patients and consumers;
- Implementers, including health care professionals and other care providers;
- Groups that contribute to governance through advocacy and monitoring of government activities.

Civil society representatives will develop recommendations including best practices relevant to each of these levels.

The four specific objectives for the civil society track are described as follows:

- Bringing together civil society representatives around the health-related Millennium Development Goals (MDGs) 4, 5, and 6;
- Making recommendations, including identifying opportunities to impact PEPFAR Country Operations Planning (COPs), GAVI funding distribution, and the Global Fund planning and fund distribution;
- Conducting Real-time Action Learning studies to test the impact of specific actions to strengthen health systems;
- Building the evidence base through interviews and other methods, to understand best practices with respect to the interaction between GHIs and health systems.

In addition, civil society representatives will be involved in the country level work conducted by the other tracks.

**Implementers’ track**

The implementers are the ultimate clients for this work. Their ongoing advice will provide an on-the-ground check to the findings of the academic track and the civil society track. They will be critical to making the final recommendations which will derive from the effort.

WHO will promote the inclusion of government representatives in this track as well as representatives from the private sector, donors, and service providers.

**Marshalling evidence for action**

WHO is partnering with a consortium of universities from Africa, Asia, Europe, and the United States of America to marshal a body of evidence to elucidate the interactions between GHIs and health systems.

**A conceptual framework**

The ongoing work requires a guiding conceptual framework for illuminating the interactions between GHIs and health systems and for better understanding health system design. The meeting discussed a preliminary framework that uses the WHO’s building blocks for health systems strengthening, and builds on a conceptual model for understanding the integration of complex health interventions into health systems. The preliminary framework, presented below, will help to organize a programme of work that encompasses a diversity of methods and levels of analysis. It provides a starting point for investigation and will undergo continual refinement throughout the course of the effort.

![Conceptual Framework Diagram](image-url)
Cross-country quantitative analysis

Existing data sets from more than 80 countries will be used to analyze the effects of GHI investment on health systems. Time-series cross-sectional data will be used to look at the impact of GHI disbursements on:

- Government health expenditure;
- Immunization coverage;
- Coverage of skilled birth-attendants at delivery;
- Child mortality.

The major challenge to this analysis will be the limited availability of data.

Country-level case studies

The Global HIV/AIDS Initiatives Network (GHIN) is a collaboration of researchers from 21 countries that is exploring the effects of GHIs on health systems. GHIN researchers have conducted mixed methods analyses, proceeding from the national to the district level, and have produced several country-level reports to date. GHIN researchers are also collecting longitudinal district-level evaluation data.

The Imperial College, London has worked extensively on the integration of complex health interventions into health systems. The College and the Harvard School of Public Health are adapting the methodological approach to conduct country case studies. The case studies aim to understand how GHI-funded programmes and health systems interact at different levels (national, sub-national, local) and in various contexts. The country cases will be tightly linked to the global and local quantitative analyses, in an effort to understand how and why certain impacts of GHIs on health systems were observed.

Provider-unit level evaluation

The final level of analysis is the provider-unit or facility level. One of the important long-term goals of this effort is to identify systems designs that use GHI investments to build local health service capacity and deliver across health needs. A data extraction instrument will be developed to compare models of care over time, looking at measures of health care capacity, process, and outcomes including:

- Human resource levels and skill-mix;
- Physical infrastructure and lab capacity;
- Availability of essential medicines;
- Targeted GHI health outcomes, such as mean change in CD4 count at six months on anti-retroviral therapy;
- Non-targeted measures of health service process and outcomes, such as management of childhood diarrheal illness, under-5 malnutrition, and childbirth.
Discussing methods

The meeting discussed extensively the proposed methodological approaches to each work stream.

The strengths and weaknesses of cross-national quantitative analysis and country case studies were of particular concern. While a cross-national quantitative analysis can illustrate the existence of statistical relationships that imply the possibility of impact, it can say little about the pathways through which the impact is realized. In contrast, country level case studies rely heavily on qualitative investigation, including key informant interviews. They can build theory on “how” and “why” certain impacts occur, but are ill-suited to prove causality through statistically significant relationships. The two techniques are therefore intended to complement each other, combining inductive and deductive approaches.

Concerns about uniformity were expressed. The meeting highlighted the need to develop a precise definition for terms such as “synergy” and “health systems strengthening.” Concerns were also raised regarding expertise and training in data collection. Several participants acknowledged the limitations of measurement tools and techniques.

Finally, many commented on the importance of contextual factors such as externally-imposed macroeconomic constraints, donor will, and the political environment. Some also suggested the need to understand how the GHIs impact other non-health sectors such as housing and education.

Harnessing the power of civil society

Civil society involvement at every stage in this project is critical. Because civil society members serve in and across multiple sectors, they are poised to capitalize on the synergies that are identified. In order to ensure direct involvement, civil society partners intend to establish an advisory board that can act as a review committee of researchers’ preliminary findings. It was acknowledged that civil society’s accepted standard of what constitutes evidence differs from that of other actors. It will be important to address these differences in the research process and preparation of the final product. The methods and outputs of the civil society track may be unique and will need to be integrated with the work of the academic track.

It was proposed that civil society could engage with the academic track in the following ways:

- Contributing a list of questions that could be included in the interview process for the academic track;
- Providing a list of people to interview and assistance in setting up these interviews;
- Identifying one or more civil society liaisons for each country where work by the academic track would take place;
- Assisting in the finalizing of the country selection criteria.

A new tool for sharing

The evidence gathering process should foster opportunities for collaboration and cross-fertilization. Incorporating multiple stakeholders and building strong lines of communication are essential to achieving the goals of this effort. To that end, an online community tool is being built to facilitate the sharing of expertise and information among consortium partners.
Moving ahead

Creating opportunities for collaboration between different work streams is a top priority of this effort. The group agreed on several next steps:

- The individual tracks will continue to refine their methodological approach;
- Select consortium partners will reconvene in Geneva on October 2 and 3 to finalize methods and launch the country work;
- A meeting will be held in November in Mali in conjunction with the ministerial forum on health research. The purpose of this meeting is to report on progress, share preliminary results and maintain momentum.
List of participants

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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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